



Teachers Take FLITE

(Financial Literacy Instructional Techniques for Educators)

A Self-Study Professional Certification Program (Certified Educator in Personal Finance® - CEPF®)

Scholarship Application

APPLICANT INFORMATION

Last Name _____ First Name _____

School Name _____ School State _____

School District _____ Grades Taught _____

Academic Department _____ Total # students taught annually _____

Work Phone _____ Work Email _____

Home Phone _____ Personal Email _____

Work Address _____ Home Address _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR PROGRAM

<p>I understand the Certified Educator in Personal Finance® (CEPF®) program is a recognized, professional certification, provided to me free of charge by the Institute for Financial Literacy through the generous support of private donors and grant making organizations</p> <p style="text-align: right;"><input type="checkbox"/> YES</p>	<p>I understand that in addition to a proctored exam, “Teachers Take FLITE” includes:</p> <ul style="list-style-type: none"> • Initial assessment and demographic survey • Post-exam assessment • Incorporating financial literacy into the classroom • Sharing class experience in a survey <p style="text-align: right;"><input type="checkbox"/> YES</p>
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PLEASE CHOOSE ONE OF THE FOLLOWING:

<p style="text-align: center;"><input type="checkbox"/> Summer Session</p> <p>May 15: Application deadline June 1: Scholarships awarded, material mailed August 15: Exam deadline November 1: Teachers incorporate financial literacy lessons in their fall semester classes and share class experience in an Institute survey</p> <p style="text-align: right;"><input type="checkbox"/> YES</p>	<p style="text-align: center;"><input type="checkbox"/> Winter Session</p> <p>September 15: Application deadline October 1: Scholarships awarded, material mailed January 15: Exam deadline April 1: Teachers incorporate financial literacy lessons in their spring semester classes and share class experience in an Institute survey</p> <p style="text-align: right;"><input type="checkbox"/> YES</p>
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BRIEFLY DESCRIBE ON AN ATTACHED SHEET WHY YOU WOULD LIKE TO PARTICIPATE IN THIS PROGRAM.

Signature _____ Date _____

Please return this application to:

Institute for Financial Literacy

P. O. Box 1842, Portland, ME 04104 • fax (207) 221.3681

tel (207) 221.3612