



# California Council on Teacher Education

## Application Form for Participation in the CCTE Graduate Student Support Program for the 2020-2021 Year

Please complete all information as requested below

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**Alan H. Jones (2022)**  
Caddo Gap Press

3145 Geary Blvd. PMB 275  
San Francisco, CA 94118

415/666-3012  
alan.jones@ccte.org

Name of Graduate Student Applicant: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

College or University Where You Are a Graduate Student: \_\_\_\_\_

Graduate Field of Study: \_\_\_\_\_

Degree You Are Pursuing: \_\_\_\_\_

Expected Date When You Will Receive Degree: \_\_\_\_\_

Please sign below indicating that you are applying to have your CCTE student membership fee reduced by 50%, that you will attend at least one CCTE Conference during the next year for which your registration will be reduced by 50%, that you will be responsible for your other costs in attending that Conference, and that you will submit a proposal for a poster session at the Conference you decide to attend. Your signature here will commit you to fulfilling the above if you are granted support from the CCTE Graduate Student Fund.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Endorsement by Faculty Advisor

Name of Faculty Advisor (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Faculty Advisor Endorsing Above Student as an Applicant for Participation in the CCTE Graduate Student Support Program: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed, signed, and endorsed form to:  
Alan H. Jones, CCTE Executive Secretary  
3145 Geary Boulevard PMB 275, San Francisco, CA 94118