Grant Application Form B Teacher of Italian in School with Italian Program Submit no later than April 15, 2016

Please complete the below. Your Grant application will be eligible only if all required form fields have been completed.

Applicant Name, Title and position:					
Contact (email and phone)					
High School					
Classes taught in 2015/2016:	Level:	# students:	Level:	# students:	
	Level :	# students:	Level:	# students:	
	Level :	# students:	Level :	# students:	
	# of students who will sit the AP Italian Exam in 2016:				
School where student will take the AP Italian Language and Culture Exam:					
I am applying for:					
☐ Prize for my students taking the Exam and scoring 3 and up (up to \$ 100).					
I understand that I will submit to COMITES the list of students' AP scores 2016, complete with the students' mailing addresses by 31 July 2016.					
Date		Signature			