



## TEAMWORKS CONTEST SCHOLARSHIPS REGISTRATION FORM

State: \_\_\_\_\_

Please complete the information requested on your four-member team and return this form by **May 15** to:  
SkillsUSA Championships  
P.O. Box 3000  
Leesburg, VA 20177-0300  
(703) 777-1306 (Fax) or E-mail to: [kbeatty@skillsusa.org](mailto:kbeatty@skillsusa.org)

Each member of the team will receive a \$200 travel stipend each (not to exceed \$800 per team). Checks will be issued to the state association director on or about June 10. If, for any reason, the scholarship recipient(s) designated by the state director are unable to participate, the scholarship(s) must be refunded.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

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

School Telephone: ( ) \_\_\_\_\_ School Fax Number: ( ) \_\_\_\_\_

### *Team Members*

Individual Name	Home Address	City	Zip Code
1.			
2.			
3.			
4.			

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Association Director