



TEAMWORKS CONTEST SCHOLARSHIPS REGISTRATION FORM

State: _____

High School College/Postsecondary

Please complete the information requested on your four-member team and return this form by **May 15th** to:

SkillsUSA Championships
14001 SkillsUSA Way
Leesburg, VA 20176-5494
(703) 777-1306 (Fax) or E-mail to: kbeatty@skillsusa.org

Each member of the team will receive a \$300 travel stipend each (not to exceed \$1,200 per team). Checks will be issued to the state association director by mid-June. 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