

CALIFORNIA SOCIETY SONS OF THE AMERICAN REVOLUTION APPLICATION FOR THE VALLEY FORGE TEACHER PROGRAM SCHOLARSHIP



Name:		Date:	
Home Address:	City:		
Zip:			
Phone (H):	(W):	(C):	
SAR Chapter Sponsoring	ј You:		
Level of Teaching:	Years of Exp	perience:	
Employer:			
School Name:			
City:			
Please list your degrees	(and institution) and	l credentials:	
- '	-	t of any length, but not more than his program on a scholarship.	
teachers, administrators	s, civic leaders, etc.,	ferences from students, parents, are all <u>very</u> helpful when the e them with your application.	
Have you attended a pre	evious Freedom's Fou	ındation program?	
If yes, which one(s) and	when?		
Please return this applicensure delivery to me by	-	oring SAR Chapter by their deadline to	

Robert Taylor

Chairman, Valley Forge Teacher Recognition Program

(805) 289-9259

(805) 216-7992 (C)

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