

### Educators Rising – Intent to Participate

Applicant Name:		
Authorized Representative for Applicant:		Title of Authorized Representative for Applicant:
Mailing Address:		Telephone Number:
City:	State:	ZIP Code:
Email Address:		

Yes, we would like to participate in the grant.

Name of Participating High School(s):	Number of students:

Signature of Authorized Representative of Applicant:	Date:
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Submit to: [dpiasstsupt@nd.gov](mailto:dpiasstsupt@nd.gov)

Due Date: February 19, 2025