



CTE Leaders Fall Conference Fee Waiver Form

Name: _____

School District: _____

Email: _____ Phone #: _____

Supporting Information

Current Year Funding Allocations

Basic Grant: _____

Priority: _____

JTED: _____

Briefly explain how this waiver will benefit you:

Complete this form and email it by September 30th to
Ralph Fobair at Fobair@muhs.com

