

TEACHERS IN COMMUNITIES PARTICIPATION FORM

Print, scan and email to adm@cmlmemories4life.org or

Mail to Cherished Memories For A Lifetime P.O. Box 513 Cedar Hill, TX 75106-0513

Teacher's Name: _____

Address: _____

Phone and email address:

Name of School: _____

Address: _____

Phone and email address, Contact

Teacher's Statement: How does the lack of adequate school supplies affect your ability to teach (please use blank sheet of paper if additional space is needed)

Do you use personal funds to purchase school supplies for your students?
How often? How many students

Describe your motivation for funding supplies for your students: (Ex. A special story about one or more of your students, etc.) (please use blank sheet of paper if additional space is needed)

What would you like to speak on during the Live Steam presentation?

Refer a Student for school supplies. Why are you referring this student?
Tell us something special about this student (optional). (please use blank sheet of paper if additional space is needed)