

UNITED STATES ACADEMIC DECATHLON®
 2017-2018 SUPPLY GRANT AUTHORIZATION FORM ISSUED
 THROUGH USA

Our school is requesting to be considered for a *Supply Grant*, issued through the Academic Decathlon®.

The 'grant kit' includes the following necessary curriculum materials issued in Electronic Download format only:

- ◆ Coaches Handbook
- ◆ Curriculum Package:
 - ✓ Study Guide
 - ✓ Art Reproductions Booklet
 - ✓ Art Resource Guide
 - ✓ Economics Resource Guide
 - ✓ Literature Resource Guide
 - ✓ Mathematics Resource Guide
 - ✓ Science Resource Guide
 - ✓ Social Science Resource Guide
 - ✓ Music Resource Guide
 - ✓ Music CD
 - ✓ Practice Test Booklet w/ CD

Note: This year's novel is: *Things Fall Apart* ISBN-13: 978-0385474542 and is not included in the grant package. The novel may be in your school library or may be purchased from USAD at \$65.00 per 10-novel set plus shipping costs.

Please respond to the following questions with a yes/no answer.

Date application completed: _____

1. Is the state Academic Decathlon® organization waiving its fee for the school to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the school officially registered with the state of participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the school assigned a teacher/coach to the Decathlon team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this agreement, our school certifies that we are a new school or a returning school that has not participated in the Decathlon in the past ten years.

We hereby certify that our school is formally registering for the 2017-2018 United States Academic Decathlon® curriculum year.

Please return completed form to your state director who will forward to USAD for processing.

Name of School: _____

School Address: _____

Street
City
State
Zip

School Phone: _____ County: _____ School District: _____

Type of School: Public Private Charter Other (explain) _____

Grades Served (Mark all that apply): 9th 10th 11th 12th School Enrollment (Equal to marked boxes): _____

Coach: _____ School Principal: _____

Coach's Phone: _____ Coach's Email: _____

Coach Signature (required): _____

Principal Signature (required): _____

State Director Signature (if applicable) _____

Date Received: _____ Date Materials Sent: _____

Form will not be accepted if altered in any way.