

Rowland Fellowship Application: Superintendent Approval

Dear Vermont Superinte	ident,		
_	ride your approval of y	our teacher's Rowland	r district. With your l Fellowship proposal. If a tact you in February 2026.
Signature			Date
SUPERINTENDENT NAME			
EMAIL ADDRESS			
OFFICE PHONE			
SCHOOL DISTRICT			
DISTRICT OFFICE ADDRESS			
FELLOWSHIP APPLICANT(S)			
SCHOOL			