



Head of School or Principal Approval Form for Academy Scholarship

My school is nominating three candidates for the SENIA Certification Scholarship. If selected, these educators will receive free training on current inclusive programs from the SENIA Certification Program. Following the program's completion, the educators will use this knowledge to implement an inclusive program at our school.

- I give SENIA permission to follow up and provide advice with the candidates to support them in the implementation of our program.
- I give SENIA permission to feature my school's journey in SENIA social media posts and publishings to promote SENIA's Certification Program and Scholarship.

Signature

Date (DD/MM/YYYY)

Printed Name