



The Florida Council of Independent Schools
1211 N. Westshore Blvd, Suite 612
Tampa, FL 33607 * 813-287-2820 * www.fcis.org

DeWitt E. and Vera M. Hooker Fellowship Grant
Head of School Endorsement

I, _____, Head of School, of _____,
(Name) (School Name)

_____ hereby certify as follows:
(City)

1. That _____ has applied for the DeWitt E. & Vera M. Hooker
(Applicant's Name)
Fellowship Grant.
2. The total anticipated costs are _____.
3. The project title is _____.

Signature of Head of School

Date