

SCHOOL NAME:

DISTRICT NAME:

**Part 4
Signature Page***

AFFIRMATION OF MEMORANDUM OF AGREEMENT

I hereby affirm that all of my statements in this application are true and accurate. Additionally, I have read and will comply with the terms of this agreement.

Signatures and Dates needed from:

District Instructional Leader _____ Date: _____

Title: _____

School Principal _____ Date: _____

SCCMS Signature _____ Date: _____

Submit the completed application (see separate editable document) and MOA Signature page to South Carolina’s Coalition for Mathematics & Science via direct email to tcampbell@s2temsc.org .

Note: If applying as a district on behalf of multiple schools, each school requires a separate MOA page as part of the application.

NOTE: This program is supported by state-appropriated funds. In the event that sufficient funds are not available, this agreement will be terminated.

* (This page is an excerpt from [full MOA](#) to allow quick access by applicant. A separate signature page is required for each school in an application Each final document should be scanned as a PDF and emailed as an attachment to tcampbell@s2temsc.org .