



## 2020 Virginia We the People Training Cohort Application Statement of Administrative Support

### Administrator Contact Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
District/School \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Administrator Certification

I, \_\_\_\_\_ (administrator name), understand that  
\_\_\_\_\_ (applicant name), as a representative of  
\_\_\_\_\_ (school/district name), will be obligated  
to conduct a We the People simulated congressional hearing in his/her  
classroom upon completion of the We the People Summer Institute.

The school/district will support him/her in this activity. The school/district also  
understands that teachers may choose to enter their classes in an organized  
We the People competition.

Administrator  
Signature: \_\_\_\_\_