AIM / CloudSat / GLOBE
2007 Educator Workshop

WORKSHOP LOCATION: Anchorage, Alaska

DATES: June 24-30, 2007

Questions?
Contact Barbara Maggi, Outreach Manager for AIM, email: barbara.maggi@hamptonu.edu

APPLICATION DIRECTIONS:
Download this application and view information about this workshop at http://aim.hamptonu.edu/outreach/4-1new.html.

1) Please save this application to your desktop or hard drive.

2) Fill in the blanks and then sign and date your application at the bottom.

3) Mail your application to:

   Barbara Maggi
   Outreach Director
   Department of Atmospheric and Space Physics
   23 Tyler Street – Hampton University
   Hampton, VA 23668

4) Application Due Date: All applications must be received by February 15, 2007.

5) Acceptance Decisions: You will be notified of our decision for acceptance by March 1, 2007. On acceptance, a non-refundable $50 registration fee is required. DO NOT send a registration fee until you have been notified of your acceptance.

Applicant’s Information
(please print clearly)

Full Name (Last, First, Middle Initial):
______________________________________________________________________________

Home Address:
Street ___________________________ City___________________ State _________ZIP ______
Home Phone: _________________________ Cell Phone ________________________________
Email (One email only, please print clearly):

______________________________________________________________________________

Social Security Number (required for stipend payment): _________-______-_________

Gender:  Male – Female ______________________ Ethnicity (optional): _______________________

What is your position? (Teacher, administrator, specialist, other?)

______________________________________________________________________________

Where are you employed? _________________________________________________________

School or Organization’s Name: ____________________________________________________

School or Organization’s Address:
Street ___________________________ City __________________ State _________ ZIP ______

Work Phone: _________________________________ FAX: _____________________________

What grades do you teach/work with?________________________________________________

What subject(s) do you teach/work with? ______________________________________________

How long have you taught or worked with the K-12 community? ___________________________

Do you know how to use a graphing calculator?    Yes______     No______

If you answered yes above, rank yourself as a user:  Beginner___   Skilled___   Expert___

Do you know how to use a Microsoft Excel spreadsheet?   Yes______    No______

Do you know how to use Microsoft PowerPoint?   Yes______    No______

List teaching awards or leadership roles:(examples: teacher of the year, department chair, etc.):
______________________________________________________________________________

Have you previously led professional development workshops or in-services for educators? (If yes, please list):
______________________________________________________________________________

Are you a certified GLOBE teacher?
______________________________________________________________________________

Do you have any special needs? (Example: diet, medical conditions, handicaps, etc.)
______________________________________________________________________________

Is there anything else you would like us to know about you?
______________________________________________________________________________

______________________________________________________________________________

Were you nominated/recommended by anyone to attend this workshop?_____________________

If so, who?______________________________________________________________________

______________________________________________________________________________

Signature  ________________________________________ Date _________________________