

Once you have completed this form, please print a copy for your records, circulate a copy to your Principal and Superintendent for their signature, and submit that fully signed copy to the Summer Institute Coordinator at Florida Tech.

TEACHER APPLICATION

Name _____ Date _____

A. TEACHER WORKSHOP OF INTEREST

- Marine & Environmental Science (*June 4–17*)
- Mathematics: Modeling and Applications (*June 18–July 1*)

B. YOUR TEACHING POSITION (2022–23 AND/OR 2023–24 SCHOOL YEAR)

School district _____

School _____ Principal _____

Subject area(s) & course(s) _____

Grade(s) _____ Estimated # of students/year _____

C. YOUR CONTACT INFORMATION

Street address _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Work email _____ Personal email _____

D. STATEMENT OF INTEREST

1. Summary of your background and interests relevant to this workshop

2. How this workshop would benefit you

3. How you could/would use what you get out of this workshop to modify and enhance your teaching

E. TEACHER COMMITMENT

I (print your name) _____ understand that the goal of this summer institute is to help me enhance my teaching and my students' learning. If I am selected and agree to participate in it, I am aware that I will receive room and board through Florida Tech during this workshop, and upon my completion of this summer institute, I will receive a certificate of completion from Florida Tech, as well as a stipend and inservice points through my school district. Finally, in fall 2023, I commit to planning, implementing and evaluating the effects of enhancements to (your course(s)) _____, and to providing documentation of this to my principal and to the summer institute coordinator at Florida Tech.

Signature _____ Date _____

F. PRINCIPAL ACKNOWLEDGEMENT

I (print your name) _____ recommend the teacher identified above to participate in this summer institute to be held at Florida Tech. Further, I agree to allow, encourage and support this teacher in their implementation and evaluation of plans they develop as part of this institute. Finally, I agree to allow each participating teacher to provide documentation of their implementation and evaluation efforts to summer institute personnel in a manner consistent with district policy.

Signature _____ Date _____