



School Application

Application Deadline: April 15, 2009

Notification of acceptance or declination: April 30, 2009

Please submit completed application packets by one of the following options:

Fax: (845) 838-6613

Email: lhotaling@thebeaconinstitute.org

Mail: Liesl Hotaling, Chief Education Officer
The Beacon Institute for Rivers and Estuaries
199 Main Street
Beacon, NY 12508

Questions?: Please contact Liesl Hotaling (845) 838-1600 x 26.

School Name:

School District (If applicable):

County:

School Address:

City, State, Zip:

School Main Telephone #:

% Free and Reduced Lunch (If applicable):

Ethnic Breakdown of School:

___% White/Caucasian

___% African American

___% Hispanic/Latino

___% Native American

___% Asian

___% Other

Name/Title of Primary School Project Contact:

Primary Contact Telephone Number:

Alternate Phone #:

Primary Contact Email Address:

Alternate Email Address:

Summer Institute Dates and Locations:

Troy – Sage College	Beacon – Beacon Institute
July 20 - 23 and July 27 - 30, 2009	August 3 - 6 and August 10 - 13, 2009
July 19 - 22 and July 26 - 29, 2010	August 2 - 5 and August 9 - 12, 2010

IMPLEMENTATION OF THE SENSE IT PROJECT:

1. In what subject area class(es) will the SENSE IT curriculum be implemented? Please include the title of the course and a brief description of major learning objectives or syllabus (attach/append if necessary).

2. Please describe or append one or two representative classroom lessons or assignments you currently use, but would intent to incorporate the SENSE IT materials (e.g. water quality, circuits, systems of equations).

3. What grade(s) are the students in this course?

4. Approximately how many students (total) will be involved? (If more than one class will participate, please identify the number of students in each class.)

5. Are there other implementation issues or challenges you would like to address in this application?

TEACHER INFORMATION:

6. How many years have you taught the course in which you expect to implement this curriculum?

7. Do you expect to teach this course for the 2009-10 and 2010-11 school years in the same school?
When/how will you receive confirmation of your teaching schedule for 2009-10?

8. What do you hope to gain through participation in this project?

Teacher Name:

Home Address:

City, State, Zip:

Home Phone #:

Mobile or Alternate #:

Primary Email Address:

Alternate Email Address:

Position (check all that are appropriate):

Teacher: Grade____ Subject/s Taught_____

Administrator: Responsibilities_____

Technology Specialist: Responsibilities_____

Other: Please specify_____

SCHOOL/DISTRICT COMMITMENTS (TO BE COMPLETED BY PRINCIPAL OR AUTHORIZED DISTRICT REPRESENTATIVE):

9. Will the school release the teacher for two professional development days during each of the 2009-10 and 2010-11 school years?

10. This grant does not cover transportation costs for students and teachers to the Summer Institutes. Will the school or district or individual participants be able to cover transportation costs?

11. Will the school or district fund any difference in contract-required teacher stipends for the summer institutes (grant will cover \$35/hour for 8 days for two two-week teacher institutes)?

12. Will project staff and evaluators be allowed to visit participating classrooms, interview teachers and students (confidentially) and take photos and videos of project implementation (with signed release forms and no names)?

13. Will the school release at least one guidance counselor for one career-awareness event at during the 2009-10 or 2010-11 school years? Please provide the name, telephone number, and email address of the guidance counselor recommended to participate.

Guidance counselor name:

Phone:

Email address:

Principal Name (Printed)

Principal Signature

Date

Teacher Name (Printed)

Teacher Signature

Date