



California Science Project 2007

APPLICATION – Circle your choice(s)

Application Deadline: June 1, 2007

K- 12 Energy - Two Week Program, July 16 – 27, 2007

Two Week hours: M-F 8:30am – 5:30pm

Grades 4 - 6 Hands on Laboratory - One Week Program, July 30 – August 3

One Week hours: M-F 8:30 – 5:30

Name: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Email: _____

School: _____

School Address: _____

City: _____ Zip: _____ School Phone: _____

Principal: _____

District: _____

County: _____

Current grade level taught: _____

Grade teaching this year: _____ Years teaching this grade: _____

Grades taught previously: _____ Years teaching previous grades: _____

Degree(s) and year received: _____

Major: _____

**One Week and Two Week Institute application – second page please see below:
Applicants for either institute: Please see page two.**

For questions 1-5, submit a separate sheet with responses.

1. Teaching assignments:

List the science units you've taught for the past 5 years starting with the current year. If at the middle or high school level, list science classes you've taught. What do you expect to be teaching next year?

2. Current science textbook(s):

3. Hands-on science kits used:

4. Professional Activities/Teacher Leadership:

Include recent workshops, conferences, in-services you have attended, include anywhere you have provided science education leadership beyond your own classroom. For two week applicants, please include a statement of what you feel is the most effective form of professional development for teachers interested in including more investigation and experimentation into the processes of science in their classrooms.

5. Submit a personal statement describing your approach to science teaching, your interest in this program, and what your goals are for your personal growth and that of your school.

Applicant and school/district agreement signatures

Please sign below:

I have read the requirements and understand the importance of full participation in the success of professional development activities.

Applicant Signature _____ Date _____

School/District Commitments for the One Week and Two Week Programs:

___ **Two Week school or district copay:** \$500 for each Two Week participant.

___ **One Week school or district copay:** \$200 for each One Week participant.

School or District Administrator:

Name _____ Position _____

Address _____

Phone _____ Date _____

Administrator Signature _____

Mail or FAX completed application to: Center for Mathematics and Science Education
California State University, Chico
Chico, CA 95929-0530
Ph (530) 898-4322 **Fax (530) 898-4580**

Application Deadline: June 1, 2007 by 5pm

(You will be notified by June 3, 2007 of your application status.)