



California Science Project 2008

APPLICATION - Mark the box of your choice(s)

Application Deadline: May 30, 2008

- June 16 - 20 Force and Motion** - One Week, M - F 8 AM – 4 PM Grades 3-12
- June 23 - 27 Science and Literacy** - One Week, M - F 8 AM – 4 PM Grades 4-8
- July 21 -25; Science of Humans** - Two Weeks, M – F; M-Th 8 AM – 4 PM
July 28 - 31 Grades 5-12
- August 4 - 8 Early Access to Science for Youngsters** - One Week, M - F
8 AM – 4 PM Grades K-3

All programs present science content in a research based model for making content comprehensible for English learners. Questions: email Bev Marcum at: bmarcum@csuchico.edu

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: _____

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, your approach to teaching English Learners, 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. There is a \$30 **refundable** fee to reserve your spot in an institute. Please submit a check payable to the California Science Project with your application. The fee will be returned to each participant upon completion of the program.

Applicant Signature _____ Date _____

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

___ **Two Week school or district copay:** \$400 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: May 30, 2008 by 5pm

(You will be notified by June 3, 2008 of your application status.)

For more information please email Bev Marcum at bmarcum@csuchico.edu