

AMS/NOAA Summer Workshop

Sensing, Analyzing and Forecasting

Application Form

This form, submitted no later than March 30, 2012, constitutes formal application to the AMS/NOAA Workshop. Please print or type. This form may be duplicated.

Return this form to: Dr. James A. Brey, Co-Director
AMS/NOAA Teachers Workshop
American Meteorological Society
1120 G Street, NW, Suite 800
Washington, DC 20005

1. Mr./Mrs./Ms./Dr. Name: _____
(circle one) (Last) (First) (Initial)

2. Name and address of your school: _____
_____ Type of School (Select one in each column):
_____ ZIP _____
_____ Elementary _____ Inner City
_____ Middle School _____ Urban
_____ Junior High _____ Suburban
_____ High School _____ Rural
_____ Other _____ Other

School Board: _____

School Tel: _____
(area code)

Fax: _____
(area code)

3. Residential Address: _____
_____ Home Tel: _____
_____ ZIP _____ (area code)

Desired Mailing Address: _____
_____ Work _____ Home

E-mail address: _____

5. Minimum **one-way** road distance from home to Kansas City, MO _____ miles

6. Employment record for the past 5 years (in reverse chronological order):
Dates Employer Nature of Activity
Expected position
next year
Current position
2011-12
Prior Position(s)

7. Science teaching/supervising experience (including years of experience in each subject):

8. List your weekly teaching/supervising schedule at the present time, including periods per week:

(Complete back of form)

9. List weather courses, units or topics you teach or supervise, including the number of weeks spent on them per school year: _____

10. College or university education:

Institution	State	Year	Degree	Major Subject	Minor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. List the college-level courses you have taken in the atmospheric sciences and the total number of courses in each of the related fields listed:

Atmospheric Sciences _____	Earth Sciences _____
_____	Physics _____
_____	Chemistry _____
_____	Mathematics _____

12. In what ways have you been involved in curriculum development and/or in-service teacher training?

13. How do you intend to promote minority participation in science as the result of participating in this program? (Please indicate if your school is composed of 30% or more students from groups traditionally underrepresented in sciences, technology, engineering and mathematics.)

14. Acceptance to this workshop requires a commitment to arrange and offer a minimum of two two-hour teacher-training sessions with AMS/NOAA Workshop materials by May 2013. This commitment includes collecting follow-up information from teachers attending the sessions. List the ways by which you hope to accomplish the required training.

15. Please tell us how you became aware of this workshop: _____

16. "The information given on this application is accurate and complete."

(Your Signature) _____ *(Date)* _____

To be completed by your school principal or appropriate supervisor:

"I recommend the above for AMS/NOAA Workshop participation and will encourage his/her post-Workshop activity to promote atmospheric education and minority participation in science."

(Signature) _____ *(Title)* _____