

2011 Arkansas STRIVE Application Form

Please **type** or **print** your application and return it by **Friday, February 11, 2011** to the Arkansas STRIVE Program, 215 Fribourgh Hall, UALR, Little Rock, AR 72204-1099. Fax: (501) 569-3271.

Applicants: Please fill in below:

Subject(s) Currently Teaching: _____

Grade Level Currently Teaching _____ Total Years Teaching Experience: _____

Undergraduate Degree(s) Held (Check All):

____ Biology ____ Computer Science ____ Chemistry ____ Physics ____ Math ____ Earth Science

____ Math Education ____ Science Ed.(specify emphasis: _____)

____ Other (Specify): _____

Graduate Degree(s) in: _____; Previous STRIVE participation: **YES** or **NO**.

Years of Teaching Experience by Categories:

____ Physical Sci. (Earth Sci., etc.) ____ Chemistry ____ Physics ____ Math

____ Life Science (Biology, Life Science, etc.) ____ Computers ____ Technology

Legal Name: _____

First

Middle

Last

School: _____ District: _____ County: _____

Street & No.

City

State

Zip

Tel: (____) _____ Fax: (____) _____ **E-Mail:** _____

Home Address: _____ Tel: (____) _____

Street & No.

_____ County: _____

City

State

Zip

US Citizen _____ Perm. Resident Alien _____ SSN _____ - _____ - _____

Potential Worksites:

List your 1st, 2nd, and 3rd choice of research site (within 35-mile driving radius): e.g., UALR, NCTR, UAF, or OTHER sites (e.g., industries, universities or government agencies such as Game & Fish, Agricultural Coop Extension Centers, municipal offices, hospitals, etc.) where you would like to spend your STRIVE Summer. Include a name and phone number of a person to contact, if known.)

- a. _____
- b. _____
- c. _____

Do you want to or can you be placed near another location than your home (e.g., relative's home, summer cottage etc.)? **YES** or **NO**. Alternative home location: _____

Research Interests: Please specify three areas of interest **in order of preference:** Biology, Chemistry, Computer Science, Earth Science, Environmental Science, Mathematics, Physical Science, Physics, Science/Math curriculum development, or Technology.

1st:		2nd:		3rd:	
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1. List the colleges and universities attended:

College/University	Major	Degree Earned	Dates

2. List undergraduate science, math and technical courses taken:

Course Title	Grade	Lab? Y or N	Course Title	Grade	Lab? Y or N

3. List graduate science, math and technical courses taken:

Course Title	Grade	Lab? Y or N	Course Title	Grade	Lab? Y or N

4. List your past and expected (2011-2012) teaching assignments.

YEAR	SCHOOL	ASSIGNMENT
2011-12		
2010-11		
2009-10		
2008-09		
2007-08		
2006-07		

5. List your professional development activities: e.g., participation in organizations, workshops, institutes, conferences, research experience; include dates of participation. (Use supplemental sheet, if necessary.)

6. List other activities related to teaching: e.g., advising school clubs, presenting workshops, serving on panels.

7. List honors and awards related to teaching:

8. Equipment and Work Experience:

A. List your experience with: Computer Hardware and Software (e.g., PC, Mac, VAX), Word processing (Word, WordPerfect), Spreadsheets (Excel), Graphing (Harvard Graphics, Statview), Presentation (Power Point), Programming (FORTRAN, Pascal, C, C⁺⁺), others. [e.g., none, basic, intermediate, advanced]

Computer Skill	Extent of Experience
Laboratory Equipment and Instruments	Extent of Experience

B. List other work experience outside of education that might be pertinent to your placement.

9. **List the Members of Your STRIVE Team** (math, science and computer teachers or administrators, preferably; see application instructions for information about the STRIVE Team/www.ualr.edu/strive):

Name (First, M.I., Last):	Signature:	School:	Grade(s):

Note: signatures by STRIVE Team Members indicate that they have **read and agree** to participate in the STRIVE Team's Fall activities.

10. **Please attach photocopies of your current Teacher’s Certificate and photocopies of your official transcripts of your undergraduate and graduate degrees to this Application.**

11. **Describe in a short essay** your approaches to teaching, your innovations in teaching, and teaching accomplishments. What type of training do you think will make you a better teacher?

(Use Supplemental Sheet)

12. **Letters of Recommendation** (from Principals, Supervisors, Dept. Chairs, etc.):

Please have two (2) Letters of Recommendation sent to STRIVE. The letters should describe your professional qualifications and reasons why you will be an outstanding Arkansas STRIVE participant. **One letter must be from your principal or superintendent.** The second letter should come from your department chair or supervisor, if possible. The Letters of Recommendation should be sent **DIRECTLY** to the Arkansas STRIVE address on page 1. **Please do NOT send letters with this application!** Please list below the names, addresses and phone numbers of the letter writers:

	Letter 1	Letter 2
Name:		
Title:		
Street/No.:		
City/St/Zip:		
School:		
Phone:		

I have carefully read the Arkansas STRIVE Application instructions. I understand that a STRIVE appointment involves eight weeks of full-time employment/work during the summer, and some follow-up activities in the fall (reports, lesson plan revision, and site visit by the STRIVE Team). I agree to be considered for the eight-week Arkansas STRIVE Summer Research Program. If my summer plans change, I will inform the STRIVE office as soon as possible.

_____ / _____
 Applicant's Signature Date

Endorsement by School Principal or School District Superintendent:

The goal of Arkansas STRIVE is to provide teachers with hands-on, real-world research experiences and to develop inquiry-based and problem-based teaching in the classroom. My school endorses the appointment of the listed faculty member to the State of Arkansas-sponsored Arkansas STRIVE Program. I certify that the statements contained in this application are correct. I will support and encourage the applicant during the school year to present in-service workshops, attend follow-up conferences, and work with her/his STRIVE Team Members to enhance instruction and curriculum in our school or school district.

Applicant's Name: _____ Date: ____ - ____ - ____

Signed: _____ Tel. No: () _____ - _____

(Principal or Superintendent)

School: _____ School District: _____

Arkansas STRIVE

Graduate Institute of Technology

University of Arkansas at Little Rock

2801 So. University Ave.

Little Rock, AR 72204

501/ 569-8069; FAX 569-3271

Applicant Data

Applicant data are important in assessing the effectiveness of the **Arkansas STRIVE Program** in soliciting applications from a diverse population. Your completion and submission of this form will assist us in this regard. However, your failure to do so will NOT affect our evaluation of your application. We greatly appreciate your cooperation.

Name: _____

Date: _____

Race (Please check all that apply):

_____ **African-American** (Of origins of any of the Black people of Africa)

_____ **Hispanic** (Of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture of origin, regardless of race)

_____ **American Indian** (Of origins of any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition)

_____ **Asian or Pacific Islander** (Of origins of any of the original peoples of Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands)

_____ **Caucasian** (Of origins of any of the original peoples of Europe, North Africa, or Middle East)

Sex: _____

Birth Date: _____ - _____ - _____

Physical or Other Handicap: (Impairment that substantially limits one or more major life activities--e.g., blindness, deafness, mobility impairment).

Yes _____ No _____

Arkansas STRIVE Program

Confidential Letter of Recommendation (Please type or print clearly)

Applicant's Name (First, M.I., Last): _____

- Years you have known applicant : _____

- Capacity in which you have known applicant: _____

Describe the professional and academic characteristics of the applicant which qualify her/ him for the Arkansas STRIVE Program.

Use supplemental sheet, if desired.

Signature: _____ **Date:** _____ - _____ - _____

Typed Name and Title: _____

Address: _____ **Phone:** (____) _____ - _____

_____ **Fax:** (____) _____ - _____

Please mail separately to: Arkansas STRIVE Program, Fribourgh Hall 215, University of Arkansas-Little Rock, Little Rock, AR 72204-1099

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