

APPLICATION FORM

PLEASE TYPE OR PRINT NEATLY.

Name: \_\_\_\_\_ School: \_\_\_\_\_

School address: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone (school/home): \_\_\_\_\_

Email address (PRINT): \_\_\_\_\_

Teaching and other work experience (continue on reverse side if necessary):

Dates	Description

Please check all that apply (optional; information sent to THEC in final report).

- | <i>Gender</i>  | <i>School type</i>                      | <i>Ethnicity</i>                          | <i>Teaching environment</i>         |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Male                                  | <input type="checkbox"/> Private School | <input type="checkbox"/> White            | <input type="checkbox"/> Inner City |
| <input type="checkbox"/> Female                                | <input type="checkbox"/> Public School  | <input type="checkbox"/> African-American | <input type="checkbox"/> Suburb     |
|  |   | <input type="checkbox"/> Native American  | <input type="checkbox"/> Rural      |
|  |   | <input type="checkbox"/> Asian            |                                     |
| <input type="checkbox"/> First time Eisenhower/ITQ participant | <input type="checkbox"/> Hispanic       |   | _____ % Minority                    |
|  |   |   | _____ % Free Lunch                  |

I would like to receive 3 CEU hours for this workshop; there is a \$20 processing charge per participant. (**Please do not send a check**, the fee will be collected on the first day of the workshop by the Continuing Ed.)

I would like to receive 1 hour of graduate credit for this workshop. UTC will waive the tuition fees for this course credit (Pass/Fail credit); there is a \$25 Graduate School application fee. (**Please do not send a check**, the fee will be collected on the first day of the workshop by the Continuing Ed.)

If possible, I would prefer extra calculators for classroom use in place of part of my school's technology packet.

**Principal:** I recommend participation in the Applications of Algebra/Statistics IV workshop.

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Return application to: Dr. Ronald L. Smith  
(See the flyer for address information.)