

# K-12 Educator Incentive Program: **Application Form**

## Name, address, telephone, fax and e-mail (please print)

Name \_\_\_\_\_

Complete home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## School name and address

School name \_\_\_\_\_

Complete address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

## Ethnicity

- African American
- Asian American
- Caucasian
- Hispanic
- Native American
- Pacific Islander
- Other

## Gender

- male
- female

## Disabilities

- I have a disability
- I do not have a disability

## Teaching specialties

\_\_\_\_\_  
\_\_\_\_\_

## Please check the responses that apply:

I am:

- an elementary school teacher
- a middle school teacher
- a high school teacher

This request is for:

- conference/workshop attendance
- supplies

I have been in my current position for:

- 2 years or less
- 2-5 years
- 5-10 years
- more than 10 years

## Checklist for complete application

- letter of application
- budget detail
- letter of support
- vita
- completed application form
- keep a photocopy of both sides of this application for your records