

**PERSONAL DATA**

<b>MS OR MRS</b>	<b>MR</b>	<b>DR</b>	<b>HOME ADDRESS</b>	
<b>FIRST NAME</b>			<b>CITY</b>	
<b>LAST NAME</b>			<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME PHONE</b>			<b>FIELD(S) OF CERTIFICATION</b>	
<b>PREFERRED EMAIL ADDRESS</b>			<b>YEARS OF TEACHING EXPERIENCE</b>	

**SCHOOL CONTACT INFORMATION**

<b>SCHOOL NAME</b>	<b>SCHOOL ADDRESS</b>		
<b>PHONE</b>	<b>CITY</b>		
<b>FAX</b>	<b>STATE</b>	<b>ZIP CODE</b>	

**SCHOOL DEMOGRAPHICS**

<b>TYPE OF COMMUNITY (MARK ONE)</b>			<b>GRADE LEVELS YOU TEACH (MARK ALL THAT APPLY)</b>			
URBAN		RURAL	4	5	6	7
SUBURBAN		TRIBAL	8	9	10	
<b>SUBJECTS YOU ARE CURRENTLY TEACHING</b>			<b>SCHOOL POPULATION DIVERSITY (TOTAL 100%) (Fill in percentages below – replace zeroes)</b>			
			% AM. INDIAN OR ALASKA NATIVE	% NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	% AFRICAN AMERICAN/ BLACK	
			% ASIAN	% WHITE	% HISPANIC OR LATINO/A	
<b>MORE DEMOGRAPHICS</b>						
AVE. NUMBER OF STUDENTS/ CLASS	% ENGLISH AS SECOND LANGUAGE	% FREE/ REDUCED LUNCH				

**OPTIONAL DIVERSITY INFORMATION**

<b>YOUR ETHNICITY</b>			<b>NOTE: DIVERSITY DATA ARE REPORTED TO FUNDERS</b>		
			<b>YOUR RACE (HOW YOU CONSIDER YOURSELF)</b>		
HISPANIC OR LATINO/A	NOT HISPANIC OR LATINO/A	DO NOT WISH TO PROVIDE	AMERICAN INDIAN OR ALASKA NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AFRICAN AMERICAN/ BLACK
			ASIAN	WHITE	

**WORKSHOP NAME:** Shipboard and Shoreline Science on the R/V Lake Guardian

---

## APPLICANT NAME

FIRST NAME

LAST NAME

---

## WORKSHOP LOCATION AND DATE PREFERENCE

Please indicate your first and second choices for Shipboard and Shoreline Science workshop dates and locations. If you do not wish to be considered for one of them, leave it blank.

**Lake Superior: July 7 – July 13, 2009**

**Lake Huron: July 25 – July 31, 2009**

---

## GUIDELINES

### Letter of Recommendation

Please attach or send separately via email a letter of recommendation from your principal or another professional who is familiar with your teaching and previous professional development participation.

### Personal Statement / Supporting Documentation

Please attach a personal statement. Describe why you feel this program would benefit you as a professional. Include your understanding of the importance of the Great Lakes, your experience teaching science, and your experiences using data and technology in class. Describe your experiences integrating curriculum areas in instruction, and studying the oceans and Great Lakes. Characterize your use of the Internet in your teaching practices. **Please limit your response to two typed pages.**

---

## AGREEMENT

I have reviewed the requirements and description of the Shipboard and Shoreline Science workshop aboard the *R/V Lake Guardian* offered by COSEE Great Lakes. I certify the information provided in my application is true to the best of knowledge.

---

FULL NAME OF APPLICANT (First MI Last)

DATE (MM/DD/YY)

---

## APPLICATION PACKET CHECKLIST

- COSEE Great Lakes **Standard Workshop Application** Form Completed
  - Workshop Location and Date Preference Indicated
  - Letter of Recommendation Sent via Email. If Not, Explain
  - Personal Statement / Supporting Documentation Sent via Email
  - Agreement "Signed"
-