

LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

180 Maple Street, East Longmeadow, MA 01028

413/525-0003 Fax: 413/525-7034

APPLICATION

ADVANCED MATHEMATICS SUMMER CONTENT INSTITUTE

Last Name: _____ First: _____ Middle: _____

Social Security Number _____

Home address: _____

Home telephone: _____ Home email: _____

Place of employment: _____

Position: _____

Work address: _____

Work phone: _____ Fax: _____

Work Email: _____

Area(s) of licensure: _____

Current Experience:

Number of years teaching math _____

Grade level(s) that you are currently teaching _____

Math courses that you are currently teaching _____

Math courses and levels that you have taught previously _____

Describe your familiarity with graphing calculators and graphing technology:

Educational background:

College/University	Degree/Field	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

I ___ do ___ do not wish to take this course for four graduate credits through Westfield State College at an additional cost of \$320.

I understand that I must be present at all class sessions: July 5, 7, 12, 14, 19, 21, 26, 28 from 8-3 p.m. and from 8-1 p.m. on September 17, October 1, 15, and 29. If I fail to attend any of the sessions in full or in part, I understand that I will not be eligible to receive the stipend/materials.

Applicant's Signature _____ Date _____