



**LA GEAR UP Comprehensive School Reform  
Professional Development for LA GEAR UP Schools - Louisiana Tech University**



**PARTICIPANT APPLICATION 2009**

**- Due: May 22, 2009 -**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

School Name \_\_\_\_\_ School Code \_\_\_\_\_

School District \_\_\_\_\_ Region Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ School Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ School Number \_\_\_\_\_

School Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Gender: Male Female

Ethnicity: American Indian Asian African American White Hispanic

Marital Status \_\_\_\_\_

Position (See List) \_\_\_\_\_

Highest Degree Earned: BS BA Masters EdSpc Ph.D Other: \_\_\_\_\_

Grade Level Taught in 2008-2009 \_\_\_\_\_

Number of students taught in 2008-2009 \_\_\_\_\_

Content Area of Certification \_\_\_\_\_

What year were you certified? \_\_\_\_\_

Are you "No Child Left Behind" (Highly Qualified)? \_\_\_\_\_

What year did you acquire Highly Certified status? \_\_\_\_\_

As of May 2009: Years of Teaching Experience \_\_\_\_\_

Shirt Size: S M L XL 2XL 3XL Name as you would like it to appear on your shirt \_\_\_\_\_

Please indicate which session you will be attending:

June 22-26  
New Orleans \_\_\_\_\_

July 6-10  
Ruston, LA  
\_\_\_\_\_

Will you need overnight accommodations? (must live more than 50 miles from workshop site)

Contact Information  
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Mailing Address:  
Louisiana Tech University  
P.O. Box 3163  
Ruston, LA 71271

Website: [www.latech.edu/lagearup](http://www.latech.edu/lagearup)

**Workshop Dates**

Summer Session June 22-26 & July 6-10  
Fall Session October TBA  
Spring Session April TBA

*\*you must attend all sessions in order to receive the full amount of your stipend.*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Check Amount Enclosed: \_\_\_\_\_