



RIPPLE Project
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 _____

Contact Information

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Workshop Dates

Summer Session June 22-27 & June 29-July 3
 Fall Session October TBA
 Winter Session January TBA
 Spring Session April TBA

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

FOR OFFICE USE ONLY

Date Received: _____ Check Amount Enclosed: _____