

Application Form 2019 - 2021

EORO

Diversity Teaching Grant

(Each One Reach One)

NAME _____ UTC ID# _____
Last First Middle/Maiden

LOCAL ADDRESS: _____ PERMANENT ADDRESS: _____

Where is your hometown? _____

PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

STATUS: _____ Undergraduate _____ Post-Baccalaureate _____ M.Ed. _____ Transitional
Licensure

G.P.A. :(2.75 Minimum) _____

WHAT IS YOUR INITIAL TEACHER LICENSURE AREA:

Middle Grades:

K-12

Secondary:

_____ Middle Grades Math 6-8

_____ Middle Grades Science 6-8

_____ Special Education
Comprehensive

_____ Spanish:

_____ Math:6-12

_____ Physics 6-12

_____ Chemistry 6-12

ARE YOU SEEKING ANY ADDITIONAL ENDORSEMENTS?

LIST THEM.

When will you complete Residency 1? _____ When will you graduate? _____

If you have taken any PRAXIS II exams, what were your scores? If you have not taken any PRAXIS II exams, when do you plan to take them?

Are you a First Generation college student? _____ Yes _____ No

Each One Reach One Requirements:

_____ I have met the requirements for admission to the TEP program and have been accepted.

_____ I have or will have completed all of my Praxis II before student teaching

Will you be able to commit up to 2 meetings each month (2 hours, seminar)? Day/Time: TBA

_____ Yes _____ No

Will you be able to meet with both Avalon Gourlay and your Academic Advisor each semester?

_____ Yes _____ No Who is your current Academic Advisor? _____

If you do not pass PRAXIS exams on 1st attempt, do you agree to work with project staff to develop appropriate tutorial services (up to 15 hrs). _____ Yes _____ No

Why do you believe diversity in curriculum is important?

Anything else about you that we should know about you?

Attachments:

_____ Resume

_____ Transcript

_____ UTC Faculty Recommendation

_____ Copies Praxis II Score Report (If you have taken any)

_____ List of Praxis II that need to be taken/signed by Avalon Gourlay

_____ Philosophy of Education Paper

_____ Disposition Checklist (UTC website/SOE/Dispositions of Effective Educator)

Signature: _____

Date: _____