

February 08, 2017

Dear Science Educator:

“An opportunity to recharge your battery” is the way one Texas science teacher described their experience at *The Michael J. Ahearn Summer Workshop for High School Educators*.

During this two-week competitive program within MD Anderson’s School of Health Professions (SHP), participants will enrich their knowledge of cutting-edge lab techniques through hands-on workshops conducted by SHP faculty. Continuing Education certificates for up to 80 hours will be delivered to participants at the end of the workshop.

Program Dates: July 10-21, 2017.

Educators selected for this competitive two-week program will receive an award of \$2,000.00, which is sufficient to cover costs associated with program participation such as parking and meals.

The program will support housing at a residence hall on the campus of nearby Rice University for participants whose official home address is more than 20 miles from the following location: The University of Texas MD Anderson Cancer Center; 1515 Holcombe Blvd., Houston, TX 77030.

If you are interested in participating in the Science Educator Workshop, please follow the instructions in the attached application. The **application deadline** is **Friday, March 10, 2017**. E-mail notification of acceptance into this competitive program will be sent no later than the end of March 2017.

Sincerely,



Shirley Richmond, Ed.D.
Dean, School of Health Professions

ELIGIBILITY REQUIREMENTS

- State of Texas resident.
- Current Texas high school STEM educator (includes public and TEA approved private and charter schools)
- Submission of a complete application packet by **March 10, 2017**.

SELECTION CRITERIA

- Education level achieved.
- Number of years teaching STEM subjects.
- Number of years of service teaching in a Texas independent school district or a TEA approved private or charter school.
- Professional letter of reference.

DISBURSEMENT OF AWARD

End of Program: SHP will mail checks to the home address listed on each recipient's completed W-9 form. *NOTE: direct deposit is NOT an option.*

January: MD Anderson mails all award recipients a 1099-MISC for tax purposes.

INSTRUCTIONS TO THE APPLICANT

This application is a fillable form. Type and enter your information in the application (pages 3-4 of this document) and then print, sign, and scan for transmission.

Provide your chosen reference with a copy of the reference form. The reference should send the completed form directly to Dr. Trevino.

E-mail scanned documents to Dr. Rey Trevino (ratrevino1@mdanderson.org)

or

Fax scanned documents c/o Dr. Rey Trevino, Educator Workshop to 713-729-0800.

APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

Number of Years Teaching STEM Courses _____

2016-2017 Teaching Position _____

2016-2017 School and ISD _____

FIRST EARNED DEGREE

School _____

City, State _____

Degree and Major _____

Minor _____ Year Granted _____

SECOND EARNED DEGREE

School _____

City, State _____

Degree and Major _____

Minor _____ Year Granted _____

THIRD EARNED DEGREE

School _____

City, State _____

Degree and Major _____

Minor _____ Year Granted _____

CURRENT TEXAS TEACHING CERTIFICATION(S)

Use <https://secure.sbec.state.tx.us/SBECONLINE/virtcert.asp> for reference.

Description _____ Grades _____ Expiration _____

Description _____ Grades _____ Expiration _____

Description _____ Grades _____ Expiration _____

Description _____ Grades _____ Expiration _____

SCIENCE COURSES TAUGHT IN 2016-17

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

Title _____ Grade(s) _____ Avg Lab Hrs/Wk _____

PERSONAL STATEMENT

In the space provided, type or write a brief statement explaining the reasons you would like to attend this workshop.

Signature _____ Date _____

EMPLOYMENT REFERENCE

This document is a fillable form. Type and enter your information and then print, sign, and scan for transmission.

APPLICANT Name _____

Please rate the applicant's traits compared to other educators you supervise now or have supervised in the past.

PROFESSIONAL TRAITS	Not Acceptable	Below Average	Average	Good	Excellent
Dependability/Reliability					
Attendance/Punctuality					
Ability to Work with Others					
Ability to Accept Criticism					
Judgment/Common Sense					
Language/Communication Skills					
Ethical/Moral Standards					
Leadership Skills					
Quality of Work					
TEACHING TRAITS					
Enthusiasm for Teaching					
Knowledge of Subject Matter					
Lesson Planning/Preparation					
Sensitivity to Individual Student Needs					
Student Response to Teaching					
Ability to Work w/Parents/Community					
Classroom Management					

Based on my working relationship with the applicant,

☐ I strongly recommend

☐ I recommend with reservation

☐ I recommend

☐ I do not recommend

this applicant for acceptance into the workshop.

Reference Name _____

Reference Title _____

ISD and School _____

Direct Phone _____ E-mail _____

Signature _____ Date _____