

KESAM 2009

K-8 Scholars Appreciating Mathematics

Please Print in Ink

Name: _____ Cell Phone: _____

Home Address: _____

Home Phone: _____ Home Email: _____

School District: _____ School Site: _____

School Email: _____ Principal: _____

School Address: _____ School Phone: _____

I teach math at grade(s) _____.

Check all that apply:

I teach _____ regular education, _____ special education.

I have _____ Middle Level/Intermediate Certification, _____ Advanced Mathematics Certification.

I teach _____ Pre-Algebra, _____ Algebra I, _____ Geometry, _____ Algebra II or higher level math

Please select dates in order of preference with one being your first choice:

_____ Session I: Monday-Thursday, June 1-4 & Monday-Thursday, June 8-11 @ SWOSU, Weatherford

_____ Session II: Monday-Thursday, June 15-18 & Monday-Thursday, June 22-25 @ NEOA&M, Miami

_____ Session III: Wednesday-Friday, July 8-10 & Monday-Friday, July 13-17 @ SWOSU, Weatherford

_____ Session IV: Monday – Thursday, July 20-23 & Monday-Thursday, July 27-30 @ CASC, Poteau

I prefer to: _____ stay in the dorm _____ commute each day.

List any others applying from your school site: _____

List the major workshops you have attended in the last three years: _____

Circle the years you have attended KESAM or ESM:

2000 2001 2002 2003 2004 2005 2006 2007 2008

Give 2 reasons why you should be considered for this institute.

1. _____

2. _____

How will you share the information that you gain from this institute? _____

Date: _____ Signature: _____

Principal's Signature: _____ (acknowledges teacher has applied)

To be considered in the first round of applicants, mail completed application by March 1.

Dr. John Woods, Mathematics Department, SWOSU,

100 Campus Drive, Weatherford, OK 73096

Applications may be downloaded from www.swosu.edu/math/kesam.pdf