

# Application Form

## ATE Program for Physics Faculty\*

A Project of Lee College (TX), Estrella Mountain Community College (AZ), and the National Science Foundation\*\*

Participant Notification Dates: The notification date of selected participants is at least 30 days prior to workshop.

♦ **Apply early since participant selections may be made earlier for well-qualified applicants** ♦

Apply by:

Fax  
281-425-6846

Mail  
ATE Program for Physics Faculty  
Physical Sciences  
Lee College  
P. O. Box 818  
Baytown, TX 77522-0818

### Workshops/Conferences:

- October 29-31, 2009 Data Visualization Techniques and Strategies – Microcomputer Based Laboratories (DVTS-MBL) at Springfield Technical Community College, Springfield, MA

Site, type, and year of most recently attended TYC/HS Physics Workshop(s) or relevant AAPT/PTRA workshops:

Site: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_

Site: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_

(Please print clearly or type all information)

1. Name

(\_\_\_\_\_)

Title Last First Middle Initial Preferred First Name

Are you a member of a “team” applying for this workshop? No \_\_\_\_\_ Yes \_\_\_\_\_

Who is (are) the other member(s) of the team?

Name: \_\_\_\_\_ Institution \_\_\_\_\_

Name: \_\_\_\_\_ Institution \_\_\_\_\_

2. Institution Name \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Institution Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ e-mail(work) \_\_\_\_\_

\* For more information call (281) 425-6522, email tokuma@lee.edu, or check <http://www.physicsworkshops.org>.

\*\* NSF grant # 0603272 from the Division of Undergraduate Education of the Advanced Technological Education Program

3. Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ e-mail (home) \_\_\_\_\_

4. Racial/Ethnic Background: White/not Hispanic \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_

Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ No Disclosure \_\_\_\_\_

5. Sex \_\_\_\_\_ M \_\_\_\_\_ F

6. Are you a citizen of the USA? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what country are you a citizen of? \_\_\_\_\_

If you are in the USA on a permanent visa, give visa number \_\_\_\_\_

7. Number of years of full-time teaching at current institution \_\_\_\_\_ and any previous institutions \_\_\_\_\_

8. Number of physics semester contact hours/credit hours taught last year:

(include evening, overloads, summer) \_\_\_\_\_ hrs Percent of Load \_\_\_\_\_ %

9. Estimate the percentage of students who are technological/technical students in

your physics classes \_\_\_\_\_ % in all your classes \_\_\_\_\_ % at your institution \_\_\_\_\_ %

List typical programs of study:

10. Highest Degree Earned \_\_\_\_\_ Major \_\_\_\_\_

Name and Location of this Institution \_\_\_\_\_

11. Number and type of computers used in physics:

\_\_\_\_\_

12. Statement of interest and expected impact for each workshop (may include separate pages for each workshop):\*\*\*

\*\*\* Mail Applications to: ATE Program for Physics Faculty, Physical Sciences, Lee College, P. O. Box 818, Baytown, TX 77522-0818 (or Fax 281-425-6846)

# ***Institution's Administrator Support***

## **2006-2009 ATE Program for Physics Faculty**

A Project of Lee College (TX), Estrella Mountain Community College (AZ), and the National Science Foundation

\_\_\_\_\_ of our institution is applying to participate in your ATE Program for Physics Faculty.  
(applicant's name)

Our institution encourages and supports our applicant's participation in these workshops. Our applicant is currently teaching full-time with a teaching load of at least one course in physics. In addition, we expect to assign our applicant to teach physics each semester during the next two academic years. If selected, we would support efforts by our applicant to implement the workshop materials and concepts.

Also, if our applicant were to be selected as a participant, we would make it possible for the applicant to attend and participate in the workshop. The institution will provide some support for travel to attend the workshop in addition to providing the necessary substitutes and released time for our participant. (You may also attach an optional additional statement of institutional support.)

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Name (Printed) \_\_\_\_\_

Title/Position \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Institution size (headcount) \_\_\_\_\_

Nature of institution (rural, large city, etc.) \_\_\_\_\_

Type of students \_\_\_\_\_% women \_\_\_\_\_% minorities \_\_\_\_\_% disabled

Technological /Technical Programs at your college/high school :

\_\_\_\_\_ # of programs \_\_\_\_\_ % students

List major Technological /Technical programs that include physics:

Additional comments: