

2014 Virginia Institute for Integrative STEM-H Education (VIISHE) Team Application
(PLEASE PRINT)

*NOTE: *Communication will occur primarily via e-mail. The applicants and principal must provide e-mail addresses they check on a regular basis during the school year, as well as during the summer months.*

SCHOOL DIVISION: _____

PARTICIPANT #1:

Applicant Name: _____

School Name: _____

Work Address: _____
(please include full address)

Home Address: _____
(please include full address)

Applicant e-mail: (Required)* _____

Phone: (Work) _____

Phone: (Home) _____

Phone: (Fax) _____

Phone: (Other) _____

Please check which subject level(s) you currently teach:

Science Math Technology Engineering, English, History, Art, PE, Other _____

PARTICIPANT #2:

Applicant Name: _____

School Name: _____

Work Address: _____
(please include full address)

Home Address: _____
(please include full address)

Applicant e-mail: (Required)* _____

Phone: (Work) _____

Phone: (Home) _____

Phone: (Fax) _____

Phone: (Other) _____

Please check which subject level(s) you currently teach:

Science Math Technology Engineering, English, History, Art, PE, Other _____

PARTICIPANT #3:

Applicant Name: _____

School Name: _____

Work Address: _____
(please include full address)

Home Address: _____

(please include full address)

Applicant e-mail: (Required)* _____

Phone: (Work) _____

Phone: (Home) _____

Phone: (Fax) _____

Phone: (Other) _____

Please check which subject level(s) you currently teach:

Science Math Technology Engineering, English, History, Art, PE, Other _____

PARTICIPANT #4:

Applicant Name: _____

School Name: _____

Work Address: _____

(please include full address)

Home Address: _____

(please include full address)

Applicant e-mail: (Required)* _____

Phone: (Work) _____

Phone: (Home) _____

Phone: (Fax) _____

Phone: (Other) _____

Please check which subject level(s) you currently teach:

Science Math Technology Engineering, English, History, Art, PE, Other _____

SCHOOL ADMINISTRATOR INFORMATION

Principal's Name: _____

Principal's E-mail: (Required)*: _____

I support this application with my signature below.

Signature of Principal

Date

Registration Fee: \$100.00. Please make checks payable to Virginia Museum of Natural History

Please e-mail, mail, or fax both pages of this application by April 25, 2014, to:

Debbi Bryant, Administrative Assistant
Virginia Museum of Natural History
21 Starling Avenue
Martinsville, VA 24112
Fax: (276) 634-4199
debbi.bryant@vmnh.virginia.gov

Notifications of acceptance will be provided to the participants and the principal via e-mail by May 2, 2014.