

SUMMER AGRICULTURAL INSTITUTE APPLICATION

CLASS 17: June 16 - 20, 2008

PRESENTED BY THE

UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION, MARICOPA COUNTY
and the
ARIZONA FOUNDATION FOR AGRICULTURAL LITERACY

NAME _____

HOME ADDRESS _____

CITY

STATE

ZIP

COUNTY

DATE OF BIRTH _____ MALE _____ FEMALE _____ () _____

HOME PHONE

EMPLOYED BY: _____

(NAME OF SCHOOL DISTRICT, ORGANIZATION, ETC.)

COUNTY OF EMPLOYMENT: _____

POSITION: _____

(TEACHER, CURRICULUM SPECIALIST, PROFESSOR, ADMINISTRATOR, ETC.)

GRADE LEVEL: _____ SUBJECTS TAUGHT: _____

SCHOOL: _____

SCHOOL ADDRESS: _____ () _____

STREET

PHONE

CITY

STATE

ZIP

E-MAIL ADDRESS: _____

NUMBER OF YEARS AS AN EDUCATOR: _____ ; YEARS IN PRESENT POSITION: _____

ALLERGIES?: _____ DIETARY RESTRICTIONS?: _____

I. **ESSAY SECTION:** Please answer the following questions in 200 words or less. (Please type or print legibly. Applicants are accepted for the program based on their answers to these questions. The class size is limited to 30 educators.)

A. **INDICATE HOW YOU EXPECT THE SUMMER AGRICULTURAL INSTITUTE WILL ASSIST YOU IN YOUR CURRENT POSITION.**

B. **WHY SHOULD YOU BE CHOSEN TO PARTICIPATE IN THE SUMMER AGRICULTURAL INSTITUTE?**

HOW DID YOU FIND OUT ABOUT THE INSTITUTE? _____

ARE YOU APPLYING WITH A FRIEND? IF YOU ARE BOTH ACCEPTED, DO YOU WANT TO ROOM TOGETHER? _____ **FRIEND'S NAME** _____

PLEASE RETURN BY MAY 1 TO:

DATE RECEIVED: _____

Gerry Parker
Az Foundation for Ag Literacy
P.O. Box 61682
Phoenix, AZ 85082-1682
P: (602) 470-8086 ext. 386
F: (602) 470-8092
E: parkerg@cals.arizona.edu