



**Immersing Ourselves and Our
Students in Mathematical Thinking
August 3 - 6, 2020**

APPLICATION FORM

1. Your Name _____
(First) (M.I.) (Last)

2. If you are currently enrolled in a degree program, please describe:

3. Where you teach (skip if you are a pre-service teacher):

Your Position _____

Name of School _____

School's Address _____

City, State, and Zip _____

Your Email Address at School _____

Type of School: Public Charter Private Grades (i.e. 7-8, 9-12) _____

4. Your Home Address _____

City, State, and Zip _____

Phone (_____) _____ Email Address _____

5. Mailing Address You Prefer: School Home

6. Email Address You Prefer: School Home

7. Certification Status (Type & License Number) _____

8. How did you hear about this workshop? _____

Applicant's Signature _____ Date _____