

Mapping Ocean Sanctuaries GIS Workshop



Savannah, Georgia
July 7-9, 2004



Application

*This workshop is made possible by a 2003 Grosvenor Geography Grant
from the National Geographic Society Education Foundation.*

Workshop registration deadline, Friday June 18, 2004.

Applications may be faxed to CIPE at (520) 327-0175 or mailed to Mapping Ocean Sanctuary GIS Workshop,
c/o Jenny Brady 401 Wild Grape Dr., St. Marys, GA 31558.

Personal Contact Information:

- Name: _____
First Middle initial Last
- Mailing address: _____
Number Street Apartment/Suite no.

City State Zip code
- Telephone number: (____) _____ (____) _____
Home Work
- E-mail address: _____

Professional Contact Information:

- School/Agency: _____
- Work address: _____
Number Street

City State Zip code
- Work number: (____) _____ (____) _____
Telephone Fax
- Position title: _____
- Subjects taught: _____
- Grade level(s): _____ Years experience: _____
- Type of school: Public Private Charter Home School Other _____
- Local: Urban Rural Suburban
- Will you be working here during the 2004-2005 school year? _____ In not, please explain.

- Student Partner: _____

Professional Affiliations:

15. Are you a member of a Geography Alliance? _____ If yes, which state? _____
16. Are you a member of the National Marine Sanctuaries Education Network? _____
17. List the professional organizations to which you belong. _____
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Computer resources available to you:

18. What type of computer(s) do you use at school? Mac PC Both
19. What type of computer(s) do you use at home? Mac PC Both
20. Where do your students have access to computers? Circle as many responses as needed to describe your situation.
- Classroom School Library Computer Lab
- Home Other: _____
21. What kind of Internet connection do you have at your school?
- T1/T2 DSL Cable Modem
- Wireless None Other: _____
22. Do you have ArcView software at your school? Yes No
23. Do you currently use GIS for teaching? Yes No
24. Do you currently use GIS outside of teaching? Yes No
25. Rate your experience with computers: Poor Fair Good Expert

Essay Questions:

Please answer on a separate piece of paper and attach your responses to this application.

1. Why do you want to participate in this program?
2. How will you incorporate the experiences you gain from this field study into the classes you teach during the 2004-2005 school year?
3. Describe your experience using technology in the classroom.
4. What criterion will you use to select your student partner?

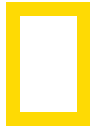
Statement of Intent

I understand that if I am selected and agree to participate in the Mapping Ocean Sanctuaries workshop, I will be expected to attend the July 7-9, 2004 workshop with one of my students. I also agree to incorporate GIS into my teaching during the 2004-2005 school year. If accepted to participate in the workshop, I will notify CIPE of my desire to participate by June 7, 2004. If I must cancel, I will send written notification to the address listed on the first page of this application by July 1, 2004.

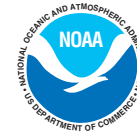
Signature

Date

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Student Application

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c/o Jenny Brady 401 Wild Grape Dr., St. Marys, GA 31558.

Student Contact Information:

1. Name:

First

Middle initial

Last

2. Mailing address:

Number

Street

Apartment/Suite no.

City

State

Zip code

3. Telephone number:

(____) _____ (____) _____

Home

Work

4. E-mail address:

5. School:

6. Current grade level:

7. Teacher Partner:

Parent/Guardian Information:

8. Name:

First

Middle initial

Last

9. Relationship to child:

10. Mailing address:

Number

Street

Apartment/Suite no.

City

State

Zip code

11. Telephone number:

(____) _____ (____) _____

Home

Work

Alternate Emergency Contact:

12. Name: _____
First Middle initial Last

13. Relationship to student: _____

14. Telephone number: (____) _____ (____) _____
Home Work

Medical conditions and/or dietary considerations. Please list any medical conditions and allergies as well as medications you take.

Health Insurance Information

15. Insurance Company/HMO _____

16. Policy Number _____

17. Family Physician _____ Telephone number _____

In the event of a medical emergency, we will make every attempt to contact you first. If we are unable to reach you, may we obtain treatment for your son/daughter? YES NO

Signature of parent/guardian Date

Essay Questions:

Please answer on a separate piece of paper and attach your responses to this application.

- 1. Why do you want to participate in this program?

- 2. How will you share what you learn with your classmates?

Statement of Intent

I understand that if I am selected and agree to participate in the Mapping Ocean Sanctuaries workshop, I will be expected to attend the July 7-9, 2004 workshop with my teacher. If I must cancel, I will send written notification to the address listed on the first page of this application by July 1, 2004.

Student Signature Date

Parent Signature Date