





Administration

## **PARTNERING for EXCELLENCE** APPLICATION for CLASSROOM/TEACHER PARTICIPATION

TEACHER/CLASS INFORMATION

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|      |   |   |   |

| Full Name of Teacher:   |                     |           |               |       |               |  |  |
|---|---------------------|-----------|---------------|-------|---------------|--|--|
| <u>Street</u>   |                     |           | <u>City</u>   |       | Zip Code      |  |  |
| Address:  |                     |           |               |       |               |  |  |
| Email:  |                     |           |               |       |               |  |  |
| Telephone: Work   | Cell Other          |           |               |       |               |  |  |
| Grade Level:  | Number of Students: |           |               |       |               |  |  |
| What is the best way for your ship to comm  | nunicate with you?  | ( ) Email | ( ) Fax       | ( )   | US Mail       |  |  |
| SCHOOL INFORMATION  |                     |           |               |       |               |  |  |
| Name of School:   |                     |           |               |       |               |  |  |
| <u>Street</u>   |                     |           | City          |       | Zip Code      |  |  |
| School Address:   |                     |           |               |       |               |  |  |
| School Telephone Number:  | Schoo               | l Email:  |               |       |               |  |  |
| ADDITIONAL INFORMATION  |                     |           |               |       |               |  |  |
| Has this classroom participated in the Adopt-A-Ship Program Previously?                                 |                     |           | (             | ) Yes | ( ) <b>No</b> |  |  |
| Would you like to be paired with a specific ship?   |                     |           | (             | ) Yes | ( ) <b>No</b> |  |  |
| If Yes, Name of Ship:   |                     |           |               |       |               |  |  |
| Would you like to tour your adopted ship of   | (                   | ) Yes     | ( ) <b>No</b> |       |               |  |  |
| Would you like a classroom/school visit from crewmembers of your adopted vessel?                        |                     |           | (             | ) Yes | ( ) No        |  |  |
| If you know any other teachers who would be interested, please provide their contact information below. |                     |           |               |       |               |  |  |
| Teacher's Name:   |                     |           |               |       |               |  |  |
| Name of School: Grade Level:  |                     |           |               |       |               |  |  |
| Telephone<br>Number:  | Email:              |           | F             | ax:   |               |  |  |

## APPLICATION PROCEDURE



## **Submit your application/pictures to:**

The International Propeller Club of the United States 3927 Old Lee Hwy., Suite 101 A Fairfax, VA 22030 or email:

adopt@propellerclubhq.com Telephone: (703) 691-2777 Fax: (703) 691-4173



"Words and pictures can work together to communicate more powerfully than either alone."