

2017 SUMMER INSTITUTE FOR TEACHERS APPLICATION

Directions: Please print or type. Submit completed application by Friday, January 20, 2017.

Name: _____

Email address: _____

Mailing address: _____

City and Zip: _____

Contact number: _____

School: _____

School address: _____

City and Zip: _____

School telephone number: _____

Position: _____ Grade level: _____

Years Teaching: _____ Subject(s): _____

REFERENCES: Please have at least two school personnel write letters that provide an assessment of your teaching. Ask the references to mail the letters separately for receipt by January 20, 2017.

APPLICANT STATEMENT OF INTEREST AND INTENT: On separate pages write a statement of 250-to-500 words explaining your reasons for wanting to participate in the UMWP Summer Institute. Please address what you hope to gain from the Summer Institute and what you will be able to offer as a participant.

Please send your application to the following address:

Dr. Ellen Shelton
UM Writing Project
Division of Outreach and Continuing Education
P.O. Box 1848
University, MS 38677