

AMS/NOAA Summer Workshop

Sensing, Analyzing and Forecasting

Application Form

This form, submitted by 15 **March 2010**, constitutes formal application to the AMS/NOAA Workshop. Please complete online or print and complete by hand. This form may be duplicated. (Note: you cannot save a completed copy of this form on your computer; if you would like a copy for your records, please print it.) Mail the completed application to:

CMOS Project Atmosphere Workshop
P.O. Box 3211, Station D
Ottawa ON
K1P 6H7

1. Name: Mr. Mrs. Ms. (Last) (First) (Initial)

2. Name and address of your school: Type of School:
Elementary
Middle School
Junior High
High School
Other

School Board: School Tel:
(area code)

3. Residential address: Home Tel:
(area code)
Desired Mailing Address:
Work Home
Desired email:

4. Employment record for past 5 years (in reverse chronological order).
Please include dates, employers and nature of activity.

Expected position next year

Current position

Previous positions

5. Science teaching/supervision experience (including years of experience in each subject):

6. List weather related courses, units or topics you teach or supervise, including the number of weeks spent on them per school year:

7. College or university education:

Institution	Year	Degree	Major	Minor
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8. List any university-level courses you have taken in the atmospheric sciences or climatology.

9. In what ways have you been involved in curriculum development and/or in-service teacher training?

10. Acceptance to this workshop requires a commitment to arrange and offer a minimum of two two-hour teacher-training sessions with AMS/NOAA Workshop materials by April 2011. This commitment includes collecting follow-up information from teachers attending the sessions. List the ways by which you hope to accomplish the required training.

11. "The information given in this application is accurate and complete."

12. The successful candidate will provide CMOS with a short report on his/her experience by 30 August which may be published in the CMOS Bulletin, and a short report by 15 May on what you did to implement the activities listed in box 10.

13. Please tell us how you became aware of this workshop.

_____ Date _____
 (Your Signature)

To be completed by your school principal or appropriate supervisor:

"I recommend the above applicant for AMS/NOAA Workshop participation and will encourage his/her post-Workshop activity to promote atmospheric education."

_____ (Signature) _____ (Title)