APPLICATION

DIRECTIONS FOR COMPLETING THE TEACHERS AS SCHOLARS APPLICATION

The Teachers as Scholars Program is open to all school district teachers subject to local school district policy and selection criteria. Teachers wishing to participate in Teachers as Scholars seminars must complete the district application form located on the following page and return it to their TAS district leader listed in this brochure.

School district leaders will select one participant for each seminar which is offered during the semester and email the name and contact information for the participants to step@tcnj.edu. The Office of the Director will confirm the seminar selections and will distribute the information and materials pertaining to the seminar to each registered participant.

Registration protocols and procedures:

NAME

- Each PDSN district is guaranteed one registration (one seat) per seminar. If additional seats are available, districts will be informed and will be permitted to register more than one registrant in the same seminar.
- A minimum of 10 registered participants are required to offer a seminar.
- Seminars may require participants to do some reading or preparation prior to attending.
- PLEASE BE SURE TO LIST THE EXACT SCHOOL MAILING ADDRESS OF ALL REGISTRANTS. Registration forms without this information cannot be processed and will be returned to the district.

Cost of materials and books will be paid by TCNJ. All seminars will feature coffee and conversation from 8:30–9 a.m. The seminars will begin at 9 a.m. and conclude at 3 p.m. Lunch will be provided.

Questions pertaining to Teachers as Scholars can be addressed to the Office of the Director at 609.771.2408 or via email (step@tcnj.edu).

APPLICATION FOR TEACHERS AS SCHOLARS

Please note the above application directions. Applications for the fall semester offerings must be submitted to TCNJ's STEP Office by your school district leader no later than September 25, 2019. Please provide ALL of the requested information. Incomplete registration forms cannot be processed and will be returned.

Mail all correspondence and reading mater SCHOOL ADDRESS	ials to the following address:		
CITY	STATE	ZIP	
CELL PHONE	E-MAI	E-MAIL	
SCHOOL PHONE	E-MA	E-MAIL	
SCHOOL NAME	DISTRICT		
GRADE LEVEL/CONTENT AREA			
Registration Fees:			
☐ My district is a PDSN member. (There is	no fee for teachers from PDSN member districts.)		
	am interested in being considered as an applicant to se pay by purchase order or check. Please make che each registrant is \$200.		
Purchase Order #	or Enclosed Check #		
Signature:			

Confirmation and room assignment will be emailed to the registrant.