



# Space Science Specialists Application - June 18-29, 2007

Please type or neatly print the requested information.

Name \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Alternate telephone number \_\_\_\_\_

Social Security # (required for clearance to field trip sites, stipend payments) \_\_\_\_\_

School and district where currently teaching \_\_\_\_\_

School FAX number (required) \_\_\_\_\_

Grade level currently teaching \_\_\_\_\_ Subjects currently teaching \_\_\_\_\_

Years you have been teaching (please mark box):  1-2     3-5     6-10     11-15     >15

Over your teaching career, which grade range have you taught the most? \_\_\_\_\_

Briefly indicate your long-term career goal(s). \_\_\_\_\_

Please list any teacher professional development programs in science, math, or technology involving 20+ contact hours since the summer of 1999. \_\_\_\_\_

Please list any previous background you may have in space science. \_\_\_\_\_

On a separate sheet of paper, please write a brief statement (1 page limit) describing why you would like to participate in this program and how this experience could benefit you and your students. Completed application (including brief statement) and recommendation must be received (if hand-delivered) or post-marked if mailed by *May 15*.

### For Galveston County applicants:

UTMB Office of Educational Outreach  
301 University Blvd  
Shearn Moody Plaza Bldg, Rm. 7109  
Galveston, TX 77555-0981

Fax: 409.772.0828 or 409.772.7971

For additional information:

Call: 409.772.7836

e-mail: [masognie@utmb.edu](mailto:masognie@utmb.edu)

### For HISD applicants:

#### Mailing Address

Rice University – Diversity Outreach  
Sharon Bush  
P. O. Box 1892 MS 99  
Houston, TX 77251-1892

Fax: 713-348-4355

#### Physical Address

5615 Kirby Room 302

For additional information:

Call: 713-348-4351

e-mail: [djensen@rice.edu](mailto:djensen@rice.edu)



NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE



RICE UNIVERSITY

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

TEACHER PROFESSIONAL DEVELOPMENT INSTITUTE

NOTE: Information on this page should be completed by the applicant.

PLEASE TYPE OR PRINT.

COLLEAGUE OR SUPERVISOR'S RECOMMENDATION

The teacher whose name appears below is applying to participate in the NSBRI teacher institute. Your candid estimate of professional and personal qualities is important to the selection committee in making the final selections for this unique program. Because of federal legislation giving persons access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below.

Please return this form by May 15 by mail (see page 3) in the stamped, addressed envelope provided by the applicant.

NAME OF APPLICANT \_\_\_\_\_  
Last First Mi

HOME ADDRESS \_\_\_\_\_  
City State Zip Code

APPLICANT'S SCHOOL \_\_\_\_\_

SUBJECT(S) TAUGHT \_\_\_\_\_

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant

Date

Applicant's Name:

## COLLEAGUE OR SUPERVISOR'S RECOMMENDATION

1. How long have you known this applicant?
2. What subject(s) has the applicant taught?

What was the level of these courses (honors, accelerated, etc.)?

3. Comment, if possible, on how the applicant relates to his/her students.
4. Assess, if possible, the applicant's commitment to teaching. Specific examples are beneficial.
5. Comment, if possible, on the applicant's character and professional attitude.
6. Has this teacher received or been nominated for any awards, honors, fellowships, and/or special commendations? If so, please list.
7. Please add any additional comments that you think may be helpful to us in evaluating this applicant.

8. In comparison with other teachers I have worked, my recommendation of this applicant for selection in the Teacher Professional Development Institute is as follows. (Place a mark in the appropriate box below.)

	With some reservations	Recommend	With strong support	As one of my very best colleagues
Professional commitment				
Professional potential				
Character & personal qualities				

---

Signature

Date

---

Print your name

Title

---

School

Telephone

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Address

City

State

Zip code

Please return form by **May 15** according to school district as follows:

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