



ARFB & USDA/HSINP Future Scientists Program



2018 MINI INSTITUTE APPLICATION

June 6th, 2018
ARFB & USDA/ARS/SEA Arkansas Children's Nutrition Center
15 Children's Way
Little Rock, AR 72202
(501) 364-2785
Fall/Spring
Classroom Implementation

Name _____ Home Address _____
Home Phone # (____) _____
City _____ State _____ Zip _____
Fax # _____ Home E-Mail Address _____

School _____ School Phone # (____) _____
School Address _____
City _____ State _____ Zip _____
Fax # _____ Home E-Mail Address _____

TEACHING SCHEDULE

Table with 4 columns: PERIOD, GRADE, SUBJECTS TAUGHT, TIME. Multiple empty rows for scheduling.

EDUCATIONAL BACKGROUND

Institution	Major	Degree	Hours (Est.)	Date

PLEASE INDICATE THE NATURE OF YOUR TEACHER CERTIFICATION

**** TO BE COMPLETED BY APPLICANT ****

Describe why you would like to participate in this project (50-100 words).

I certify that all information I have provided is complete and accurate to the best of my knowledge.

Participant Signature: _____ Date: _____

**** TO BE COMPLETED BY PRINCIPAL OR SCIENCE SUPERVISOR ****

I have reviewed this application and believe that the Future Scientists Mini-Institute will be a beneficial training experience for this teacher. Our school is willing to facilitate use of the mini-institute materials in the participant's classroom during the semester.

Dr. Mr. Mrs. Mr. Miss

Principal/ Science Supervisor Name _____
(Circle one) (Please Print Name)

Signature _____ Date _____

Please return completed application to:

Craig Wilson, Ph.D.
USDA/ARS/SPA Area Office
1001Holleman Drive East
College Station, TX 77840
PH: 979/260-9442 CELL: 512/636-9031 FAX: 979/260-9344