



TEACHER LEADER APPLICATION

Missouri New Teacher Institute

Due by Friday, March 30, 2012

NTI • University of Central Missouri

TR Gaines 302 • Warrensburg, MO 64093

(Fax) 660-543-8995 • Questions? Contact 660-543-8524

PERSONAL CONTACT INFORMATION

Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Personal Email Address: _____

SCHOOL INFORMATION

School Name: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____ School Phone: _____

School Email Address: _____

Subject Taught: _____ Years Teaching Experience: _____

Grade Level: Secondary (*Grades 9-12 or Career Center*) Adult (*Career Center or Apprenticeship*)

Check all that apply. Post-Secondary (*Community College/Technical Institute*)

Degree(s) and Certification(s): _____

GENERAL INFORMATION

Have you served as a teacher leader within the last three years? Yes No

If yes, what year: 2011 2010 2009

If no, please attach the following:

- List school responsibilities (teaching position, CTSO advising, and other activities)
- Resume, including
 - Short letter explaining your interest in serving as a Teacher Leader
 - Letter of recommendation from director/administrator

My signature below indicates that, if selected, I am committed to serve as a Teacher Leader in the New Teacher Institute.

Signature of Applicant

Date