

U of A Fellows Application

UNIVERSITY of ARIZONA

In conjunction with

<LOCAL> UNIFIED SCHOOL DISTRICT

	Date	of Application:
I. BIOGRAPHICAL INFORMATION	UA Studer	nt ID #
Name		
Last	First	Middle
Other names which may appear on application r	naterials	
Current address		
Street	City	State/Zip
Permanent address		
Street Manage Pl	City	State/Zip
Phone Message Pl	hone	Email
Are you at least 18 years of age? (Required for or Have you applied to a teacher certification programery of the Program of t	ram within the UA, College O tf@email.arizona.edu mitted by the teacher certifica	f Education?
Present Employer:	Supervisor:	Phone:
How did you learn about Teaching Fellows prog		
☐ The University of Arizona College of Education	on □ Employee Referral □ O	other Internet Site □ Other
II. CERTIFICATION Seeking: Indicate be	elow the area(s) in which you	are seeking certification.
□ Early Childhood □ Elementary □ Mild to Moderate Special Education □ U		⊐ Graduate

I understand that applicants can/may be selected for U of A Fellows program, based on the certification they are seeking. If an applicant changes their focus to another certification than the one listed above, applicants may forfeit the privilege of continuing in the program.

III. DISTRICT SELECTION

Please mark 1st (1) and 2nd (2) choice to indicate v	your preference.
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Sa	huari	ta U	Jnifie	ed Scl	hool	Distr	rict	
Flo	wing	z Wo	ells U	Jnifie	ed So	chool	Distri	ict

☐ Tucson Unified School District

☐ Santa Cruz Valley Unified School District

☐ Marana Unified School District

IV. SUPPORTING DOCUMENTS

Please submit copies of the following items with your application:

- 1. Copy of your Resume;
- 2. Copy of your Arizona fingerprint clearance card;
- 3. The two letters of recommendation you submitted to the University of Arizona, College of Education

V. Statements on Teaching

On a separate paper, please answer the following questions in no more than 3 paragraphs per question.

- 1. Why do you wish to become a Teaching Fellow?
- 2. Give an example of something you might do as a teacher that you believe would have a positive impact on student learning.
- 3. What do you believe are the most effective ways to engage students? How do you know?

Applicant's Signature	Date

VI. APPLICATION SUBMITTAL

Please submit a copy of this application with signatures and copies of supporting documents by FRIDAY, FEBRUARY 23, 2018 at 5PM to: coe-aztf@email.arizona.edu.