



# U of A Fellows Application

**UNIVERSITY of ARIZONA**  
**In conjunction with**  
**LOCAL UNIFIED SCHOOL DISTRICT**

Date of Application: \_\_\_\_\_

## **I. BIOGRAPHICAL INFORMATION**

UA Student ID # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Other names which may appear on application materials \_\_\_\_\_

Current address \_\_\_\_\_  
Street City State/Zip

Permanent address \_\_\_\_\_  
Street City State/Zip

Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you at least 18 years of age? (Required for compliance with child labor laws) ☐ Yes ☐ No

Have you applied to a teacher certification program within the UA, College Of Education?

☐ Yes ☐ No

If no, please contact UA AZTF at [coe-aztf@email.arizona.edu](mailto:coe-aztf@email.arizona.edu)

Have you received notice that you have been admitted by the teacher certification program?

☐ Yes ☐ No

Do you currently work? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Present Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about Teaching Fellows program? ☐ District's Web Page ☐ Advertisements in newspaper or on the radio

☐ The University of Arizona College of Education ☐ Employee Referral ☐ Other Internet Site ☐ Other

## **II. CERTIFICATION Seeking:** Indicate below the area(s) in which you are seeking certification.

☐ Early Childhood \_\_\_\_\_

☐ Elementary

☐ Mild to Moderate Special Education

☐ Undergraduate

☐ Graduate

☐ Secondary (Subject): \_\_\_\_\_

*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 1 or 2 choices.**

- ☐ Flowing Wells Unified School District
- ☐ Marana Unified School District
- ☐ Sahuarita Unified School District
- ☐ Santa Cruz Valley Unified School District
- ☐ Tucson 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](mailto:coe-aztf@email.arizona.edu).