



**Associate Teacher Institute Application
for
QuarkNet
at
Idaho State University**

Name _____ **School Name** _____

Home Address _____ **School Address** _____

Phone Number _____ **Phone Number** _____

Email Address: _____

Number of Years Teaching _____ **Number of Years Teaching Physics** _____

**Please list your course schedule for SY 2018 – 2019, if known. If not, list 2017 – 2018 courses.
(Please include grade level & level of course (AP, conceptual, etc))**

_____	_____
_____	_____
_____	_____

Please list Workshops you have taken in the last 3 years:

_____	_____
_____	_____
_____	_____

Number of Semester hours (undergraduate or graduate) in Physics _____

If you have not previously participated in the QuarkNet program, please include a current resume/vitae and one letter of recommendation from an administrator or department head.

Send completed application and supporting documentation to:

**Dr. Steve Shropshire
ISU/QuarkNet
Department of Physics
Campus Box 8106
Pocatello, ID 83209**

Application must be received by July 1, 2018