

Welcome to the application to the 2016 - 2017 TQC Program at UMBC (TQC IX)

Please review the application questions before completing the online application. See instructions above.

I. Applicant Information

Prefix

Full Name

First Name Middle Name Last Name

Home Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

E-mail

Alternate Email Address

Phone Number (primary)

Area Code Phone Number

Phone Number (work)

Area Code Phone Number

Phone Number (alternate)

Area Code Phone Number

Best day and/or time to reach me:

Contact me at:

Home

Work

By phone

By email

Participant Availability

All events take place on the main campus of UMBC, 1000 Hilltop Circle, Baltimore, MD 21250.

Please indicate below if you will be available to participate in each portion of the program.

I will invite a TQC representative to visit my classroom to create a personalized TQC professional development plan.

Yes No

I will be available to participate in the Preparation Course Sessions held Tuesday evenings, 5:00 to 8:00 p.m. on April 18 and 25, and May 2, 9, 16, and 23, 2017.

Yes No

I am interested in distance learning for the Preparation Course Sessions.

Yes No

I will be available to participate in the Summer Practicum Sessions June 20-30, 2017 from 9 a.m. to 4:00 p.m. daily (weekend excluded). This includes practice teaching opportunities.

Yes No

I will be available to participate in the Follow-up session in Fall 2017 (exact date TBD).

Yes No

I will be available to participate in the Share our Success Saturday Poster Session on November 18, 2017 from 10:30 a.m. to 3:30 p.m. (Inclement weather date is December 2, 2017)

Yes No

I live more than 40 miles from UMBC and am interested in residing in a UMBC campus dormitory during the ten-day summer practicum. I understand that a limited number of rooms will be available to eligible participants.

Yes No

II. School Information

School Name _____

School is (select one)

Public

Private

Parochial

County/City Name _____

School Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What is the estimated total student enrollment at the school?

Is the school where you teach classified as High Need?

Yes

No

Are you teaching out-of-field?

Yes

No

Are you a probationary teacher?

Yes

No

III. Pedagogical History

A. EDUCATION:

Yes, I understand that an official college transcript from all attended institutions is required as part of my acceptance to the TQC Program. My application will not be considered complete without the transcripts. All TQC awardees must have official transcripts on record before the program begins. Transcripts from non-US institutions require copies of certified degree reviews in English. Mail official transcripts to: UMBC College of Natural and Mathematical Sciences, Attn: Kathy Lee Sutphin, 1000 Hilltop Circle, UC 116, Baltimore, MD 21250.

List all institutions attended

Highest Degree Earned**Discipline(s)**

B. Teaching Experience:**Years of teaching experience:**

Months of teaching experience:

Start date with current employer

Current Position Title

List areas of certification

Classes you teach

IV. Employer Support

A: ENDORSEMENT FROM LEA (Local Education Agency) OFFICIAL (i.e. Science Supervisor from school central office).

All applications must receive LEA endorsement. Please contact the person whose information you provide below to tell them they will receive an e-mail requesting his/her endorsement of your participation.

LEA Official's Name

First Name Last Name

Position Title

LEA Official's E-mail

LEA Official's Phone Number

Area Code Phone Number

B: SUPPORTING PARAGRAPH FROM A SCHOOL SUPERVISOR.

A paragraph of support is requested from your school supervisor or principal. Suggestions and comments about school needs for chemistry instruction are invited.

Please contact the person whose information you provide below to tell them they will receive an e-mail requesting a paragraph of support.

Supervisor or Principal's Name

First Name Last Name

Position Title

Supervisor or Principal's E-mail

Supervisor or
Principal's Phone
Number

Area Code

Phone Number

V. PERSONAL STATEMENT

In 300 words or less, please describe:

- 1) how participation in UMBC's TQC Program will benefit your science instruction;
- 2) how you plan to use the chemistry knowledge and skills you will gain, and
- 3) how committed you are to completing the entire, four-phase program.

Upload the personal statement (.doc, .docx, or .pdf files only) below.

VI. PARTICIPATION PLEDGE

I plan to apply for either Option 1 (graduate credit) or Option 2 (stipend)

Option 1 - graduate credit

Option 2 - stipend

My signature below acknowledges that I will have access to a computer and the internet for the duration of my TQC Program participation. Also, I acknowledge that if I am selected to participate in the 2016-2017 Teacher Quality in Chemistry (TQC) Program at UMBC, I understand that I must choose between 2 options: **option 1** consists of two graduate courses (a total of 4 graduate credits) for which UMBC will pay for all tuition expenses related to the TQC Program through grant funding. I understand I will earn letter grades in the courses based on participation, effort and performance for each of the four phases of the program:

- 1) the TQC Preparation session;
- 2) the nine-day summer practicum;
- 3) the 2017 Reflection Session; and
- 4) Poster Work Sessions, Classroom Preparation and Visit, and the 2017 Fall Gala "Share Our Success" poster session hosted by the College of Natural and Mathematical Sciences.

I acknowledge and agree that if I choose the stipend option (**option 2**), 50% of stipend payments will be withheld and paid ONLY upon completion of the entire TQC Program and all course requirements as an incentive for program completion.

I also understand and agree to consider participating in a comprehensive formative and summative program evaluation conducted by an external evaluator, which will have a separate consent process.

As a component of the two courses, I agree to participate in required course-related evaluation activities examining the classroom use of the course content and including an academic year classroom observation. In the course evaluation, I agree to provide the date(s), class(es), and applicable lesson plan(s) for lessons implementing the chemistry instruction and will include my contact information as well as estimates of the total number of students impacted, and identified by the following categories traditionally underrepresented in the sciences: gender; race; ethnicity; academic talent; primary language; socioeconomic status; academic talent; primary language; socioeconomic status; and handicapped status. This information is required for the final report to the Maryland Higher Education Commission (MHEC), the funding agency of the TQC Program at UMBC.

E-mail

E-mail

By typing my name below, which is equal to a signature, I acknowledge the participation pledge above and pledge that all information given in this application is true to the best of my knowledge.
