AUGSBURG UNIVERSITY

Summer Teaching Institute
M.D.E. Scholarship Form 2018

All information is required for processing this application.

Full Legal Name _____

Home Address_____

High School _____ School District _____

High School Address _____

Home Ph # _____ Alternate Ph # _____ Email _____

1. Please check your status related to **AP*** training:

    ☐ Never taught an AP* course or had training

    ☐ Attended training five or more years ago; returning for updates

    ☐ Attended training 2 to 4 years ago; returning for updates

2. If you are **currently teaching** an AP* course, please define:

    Years teaching AP* classes: _____

    Which AP* subjects? _____

3. If you are **new to teaching** an AP* course, please define:

    Which AP* course will you teach in 2018-2019? _____

    What Augsburg workshop are you currently applying to attend? _____

4. Provide a **description/plans** for implementing your AP* course. How will training help?

Principal
Signature_____Date_____

Return this application plus a copy of your Augsburg registration by May 26 to:
Jacqui McKenzie, Minnesota Department of Education,
1500 W. Highway 36, Suite B–10, Roseville, MN 55113.

(DO NOT SEND TO AUGSBURG)

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Advanced Placement
Program

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