

Alabama History Education Initiative

Participant Application

(Applications accepted until March 15, 2010. Applications MUST BE COMPLETE for consideration.)

Name _____

Professional Information:

School _____

School System _____

School Address _____ City/Zip _____

School Telephone Number (Include area code.) _____

School Email Address _____

Grades Taught _____

Subjects Taught _____

Years of Teaching Experience _____

Technology Skills: (Please circle the best description of your skills.)

PLEASE NOTE: Skill level **DOES NOT** influence selection. It will give us guidance about professional development.

Limited (email, attach documents, *Word, PowerPoint*)

Proficient (email, attach documents, *Word, PowerPoint, PhotoStory*, perform research using the internet, copy, cut, paste)

Personal Information:

Home Mailing Address _____ City/Zip _____

Home/Cell Telephone Number (Include area code.) _____

Home Email Address _____

Race _____

Gender: Male

Female

Educational Background:

Highest Educational Degree Obtained: _____

Name of Institution Granting Degree: _____

PLEASE ANSWER THE FOLLOWING QUESTION ON AN ATTACHED SHEET:

What area(s) of professional development do you feel would assist you in achieving your goals for the teaching of history?



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