



STEM Professional Development Program
2010 Application

Name of University/College/Organization _____

Institution Contract Officer

Principal Investigator (PI)

Name _____

Name _____

Address _____

Address _____

Email _____

Email _____

Phone _____

Phone _____

Fax _____

Fax _____

Title of the Proposal _____

Amount of Funds Requested _____

Signatures of the application denote that these individuals have read and understand the guidelines governing the award of the grant and agree to the conditions, including the submission of a final report.

A final summary report will be submitted to the Arkansas Science & Technology Authority within 60 days after expiration of the award period (one year). The final summary report shall include:

- A narrative stating the project's major focus and service area; the primary objectives and scope of the project; the results of first year efforts showing positive and negative outcomes of the workshop and post-workshop activities; any changes in participating schools, staff or collaborative partners; and the level of influence on classroom teaching after workshop participation.
• A description of evaluation procedures used to assess results.
• Final budget, demographic data, and other information requested by the Board of Directors.

Signature of Contract Officer

Date: _____

Signature of PI

Date: _____

This fillable form can be saved using Adobe Reader. Applications sent as an email attachment to stemgrants@arkansas.gov or to becky.hart@arkansas.gov by September 21, 2009 will be accepted. Signature page (page 1) can be submitted by fax to 501 683 4420 or mailed to Becky Hart, Arkansas Science & Technology Authority, 423 Main St., Suite 200, Little Rock, AR 72201.

Provide a summary of the professional development project.

Provide a statement of rationale of the proposed project. Indicate how it will improve STEM curriculum and STEM career awareness in partner schools and /or individual teachers. Indicate how the proposed workshop will enhance, expand, or differ from previous professional development projects?

List the curriculum focus of the workshop including appropriate standards, technology skills or 21st Century skills.

What region will be served by this workshop/fellowship?

What is the grade level and subject area of the targeted teachers?

What is the minimum number of teachers to be served by workshops?

What is the minimum number of teachers to be served by post-workshop activities?

Tentative workshop(s) date(s): _____

Number of professional development hours provided to participants: _____

Provide an implementation plan for the workshop(s) and post-workshop activities.

Include information that will clearly show what the workshop participants will be doing during the workshop hours or follow up activities, who will be instructing or leading the activities, and the specific equipment or materials that participants will be receiving.

List the personnel to be involved in the proposed workshop indicating job title, academic credentials, and recent professional development experience:

Describe the assessment technique to be used to determine the success level or benefits provided by the proposed workshop.

Please include any additional information that further describes your proposed professional development.

Additional Information (use only if you want to expand on any of the previous sections)