

EDUCATORS PROGRAM APPLICATION FORM - 2009

All information is mandatory for consideration for the program.

NAME: _____
LAST FIRST

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____ and/or

HOME E-MAIL _____ @ _____

HIGH SCHOOL: _____

SCHOOL ETS CODE: _____

STREET: _____

CITY/STATE/ZIP: _____

SCHOOL PHONE: (____) _____

SCHOOL E-MAIL: _____ @ _____

POSITION AT SCHOOL: _____

HOW LONG HAVE YOU BEEN AN EDUCATOR: _____

PERCENTAGE OF STUDENTS THAT GO ON TO COLLEGE: _____

PERCENTAGE OF DIVERSE STUDENTS IN YOUR SCHOOL: _____

Reason(s) for Wanting to Attend: _____

RETURN THIS FORM TO:
HQ USAFA/RROX, 2304 Cadet Drive, USAF Academy, CO 80840-5025
Or FAX to: 719-333-3647 or send to susan.purstell@usafa.edu

DEADLINE FOR CONSIDERATION: 30 June 2009