

*Filling the Gap*  
*PBL Development with STEM Industry*

**Filling the Gap Application**  
 Signed hard copies due by **March 10<sup>th</sup>, 2017.**  
 Mail to: Carol Moore/WPCOG, PO Box 9026, Hickory, NC 29603 or  
 FAX: 828-322-5991

Teacher Name: \_\_\_\_\_  
 Current School Assignment: \_\_\_\_\_ Principal \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_  
 Teacher Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Education: List undergraduate, graduate, certifications, National Boards, etc.  
 (Tab last cell at bottom right to add more lines)

Degree	University	Graduation Date

Teaching Experience: List current school first. List each grade level taught separately. (Tab last cell at bottom right to add more lines)

Dates	# Yrs Taught	School Name	District	State	Grade Level	Subjects Taught (ex: Self-Contained, SC, MA, LA, SS, AG, etc.)

Leadership: List past leadership positions you have had in your school, district, region, state or national. (Tab last cell at bottom right to add more lines)

# yrs	Leadership Position	Responsibilities

Questions: Contact [carol.moore@wpcog.org](mailto:carol.moore@wpcog.org) or 828-241-5480

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**Short Essay:**

In 100 words or less, please describe how you think that participating in the Filling the Gap program will enhance your classroom and improve instruction.

## Commitment

By signing this application you are committing to participation in all aspects of the Filling the Gap Project as documented below. If accepted and you are unable to fulfill your duties, you need to notify Carol Moore @ [Carol.Moore@wpcog.org](mailto:Carol.Moore@wpcog.org) as soon as possible.

### What are the expectations?

1. Attend 5 Days of training in the summer of 2017.  
July 24-28, 2017
2. Working with STEM business liaison, develop and implement an original Project-Based Learning unit in your classroom.
3. Attend follow-up training in the fall and present your unit in the spring of 2018 to STEM West attendees.
4. Complete PBL unit development using provided formats for dissemination across the state.

### What is in it for me?

1. Stipend pay for attendance of summer trainings at \$100/day.
2. Sub pay for attendance at follow up sessions
3. Certificate for participation provided for your LEA.
4. Possible opportunities to present at conferences
5. \$200 for completed unit and implementation and presentation at STEM West meeting.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Principal Recommendation

\_\_\_ Highly  
\_\_\_ With Reservations

\_\_\_ Favorably  
\_\_\_ Not At All

Comments (Required):

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is selected, as principal of my school I will strive to support this teacher through the Filling the Gap Program and make every effort for the teacher to be available to participate in all project-related activities, and to adjust other responsibilities, if necessary, to enable appropriate attention to the Teacher leader role.

# Release Form for Media Recording



I, the undersigned, do hereby consent and agree that the Western Piedmont Workforce Development Board, its employees, or agents have the right to take photographs, videotape, or digital recordings of me during this event and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotions. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Western Piedmont Workforce Development Board, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the Western Piedmont Workforce Development Board is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Witness for the undersigned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date