

## TOPS Phase I: Staff Development Workshop Application

_____	_____	_____	
FULL NAME	EMAIL	SCHOOL NAME	
_____		_____	_____
SCHOOL ADDRESS		CITY	STATE ZIP CODE
_____		_____	_____
HOME ADDRESS		CITY	STATE ZIP CODE
_____		_____	_____
_____	_____	_____	
SCHOOL PHONE NUMBER	CELL NUMBER	YEARS OF TEACHING EXPERIENCE	

SELECTED PROGRAM (CIRCLE ONE): **BIOLOGY / CHEMISTRY / PHYSICS**

**Q: What science courses will you teach in the upcoming school year? (List as: course name, grade level, number of sections.) If unsure, then name the courses you are currently teaching and please indicate if this is the case.**

**Q: What specific technology does your school provide to the students?**

I am applying to participate in the TOPS Professional Development Workshop (Phase I) and understand that full attendance at the workshop is required to receive the stipend and van visits. I understand that access to TOPS-owned equipment in my classroom is contingent upon the successful completion of Phase I of the program.

_____	_____
APPLICANT SIGNATURE	APPLICANT NAME
_____	_____
PRINCIPAL SIGNATURE	PRINCIPAL NAME

NOTE: This application puts you on the candidate list for the Phase I workshop, however, you cannot be considered for admission until the hard copy of the application is received by the TOPS office. A signed hard copy of this application is due by Monday, March 28, 2011 to:

**Occidental College TOPS Program (M-5)  
1600 Campus Road  
Los Angeles, CA 90041**

_____	_____
*OFFICE ONLY: APPROVAL	DATE