

HERPETOLOGICAL RESEARCH EXPERIENCE [HRE] TEACHER PARTICIPANT APPLICATION

PRIORITY WILL BE GIVEN TO APPLICATIONS RECEIVED BY MARCH 14, 2014 ALL EXPENSES PAID AND \$500 STIPEND

Name:		
First	MIDDLE	LAST
Home Phone: ()	_ Cell Phone: ()	Email:
Check One:	☐ Female	
Check One: Race	☐ African-American/B☐ White☐ Asian/Pacific Islande☐ Other	☐ Bi-Racial/Multi-Racial er ☐ Hispanic/Latino
Check One: Which HRE do yo	ou want to participate in?	
Eastern Piedmont HRE held	at Camp Chestnut Ridge, Efland	1; June 15 - 20
☐ Inner Coastal Plain HRE held	d at Camp Rockfish, Parkton; Ju	ıly 13 – 18
I can attend either the Eastern	n Piedmont HRE or the Inner Co	oastal Plain HRE.
Name & Location of School w	here you Teach This Year: _	
Name & Location of School w	here you will Teach Next Ye	ear:
Total Number of Years of Tea	ching Experience:	
Subjects and Grade Levels Ta	ught:	

About You: Write a one page personal statement that (1) explains why you wish to participate in this Herpetological Research Experience (2) identifies and describes the rural place(s) where you may monitor herp populations and (3) describes how you plan to utilize outdoor components to

enhance your classroom instruction. If you have had any experience in environmental education, please indicate this in your statement.

Activities and Leadership

List the activities you have been involved with in the last two years. Please include leadership roles that you have had in those activities:
School Activities:
Community and/or Volunteer Activities:
Other Paid Work Experience:
Recommendation: Please provide the name of at least one person who could provide a recommendation to support your participation in the HRE. This might be a principal, a teacher at your school, an employer or someone who knows you well (other than a relative).
Phone: () Email:
What college did you attend and graduate from?
What did you major in in college?
Do you have a Masters Degree? Y/N If so, in what?
How did you hear about The Herp Project?
Additional Information: Do you have any special needs?
Please provide any other information that you think is important for the selection committee to consider in regards to your application for this program.
Signature: Date:

Please email this completed application to: cmatthews@uncg.edu; subject line: The HERP Project Teacher Participant Application