

E-Teacher Scholarship Program

APPLICATION FORM

REGIONAL ENGLISH LANGUAGE OFFICE

E-mail: KyivRELO@state.gov

Tel.: (044) 521 57 06

Please submit the completed request form to the address above.

In the subject line please indicate the name of the program
“E-Teacher Scholarship Program 2012-13” and your last name.

1. CONTACT INFORMATION

FIRST NAME:

LAST NAME:

TITLE/POSITION:

INSTITUTION NAME:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CELL PHONE NUMBER:

MAILING ADDRESS:

POSTAL INDEX:

2. REASONS FOR YOUR PARTICIPATION

Briefly explain why participation in the course is important for you and how and where you are going to share the gained knowledge. Please give **specific examples** as to why this particular topic is relevant to your teaching. Please indicate your level of English, the number of years you have taught, and the age group of your students.

3. PLEASE CONFIRM THAT YOU MEET THE REQUIREMENTS OF THE PROGRAM BY CHECKING THE BOXES BELOW:

- Yes, I have regular and reliable access to high-speed Internet connection
- Yes, I have required English language reading and writing/typing skills
- Yes, I commit to spending 10-15 hours a week on-line to participate in the course
- Yes, I commit to share the gained knowledge through making presentations in my region and at the Embassy initiated events in other regions of Ukraine