

**CONNECTICUT STEM FOUNDATION, INC.  
CORE MENTORSHIP PROGRAM  
APPLICATION FORM**

Name of Applicant \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
*Street* *City* *Zip Code*

Phone \_\_\_\_\_  
*school* *cell* *home*

E -mail \_\_\_\_\_  
*school* *personal*

Courses(s) Taught & Grade Level \_\_\_\_\_

\_\_\_\_\_

Degrees Held & College/University \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years have you been teaching? \_\_\_\_\_

In what science courses are you certified? \_\_\_\_\_

Briefly explain why you are interested in applying for this program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

How many of your students will do a science research project and in what science course?

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Signature of Applicant

*Applicant's Signature*

*Date*

**Deadline for Receipt of Application: Thursday, July 1, 2021**

**Note: Administrative Consent Form signed by applicant's Principal and Science Department Chair or Science Supervisor must accompany the Application Form in order for the Applicant to be considered for this program.**

**Mail Completed Application To:**

**CT STEM Foundation, Inc.  
Attn: Core Mentorship Program  
P. O. Box 1048  
Redding, CT 06875**