

DoD STARBASE NEW MEXICO APPLICATION FORM (FOR 5TH GRADE ONLY) SCHOOL YEAR: **2019 – 2020**

| | |
|-----------------------|-------------------------|
| School: _____ | Teacher: _____ |
| School Address: _____ | Teacher E-mail: _____ |
| School Phone: _____ | Teacher Phone: _____ |
| Principal Name: _____ | Principal E-mail: _____ |

The primary mission of DoD STARBASE is to serve students that are historically under-represented in STEM. This includes females, minorities, students who live in inner cities or rural locations, those who are socio-economically disadvantaged, low in academic performance or have a disability.

| <i>School Demographics (Representing total school population)</i> | | | |
|---|---|-------------------------------------|---|
| <i>Hispanic/Latino</i> | % | <i>White</i> | % |
| <i>Native American</i> | % | <i>Low Income</i> | % |
| <i>Asian</i> | % | <i>Students with Disabilities</i> | % |
| <i>Black or African American</i> | % | <i>English as a Second Language</i> | % |
| <i>Native Hawaiian or Pacific Islander</i> | % | | |

1. Anticipated Number of Students: _____ (Classes limited to **22-32** students. Teachers submitting applications with less than 22 students will be scheduled with another small class.)
2. Day of Week Preferred: _____
3. Session Time Frame Preference: *(Please rank from 1 – 6)*
 _____ Aug-Sept _____ Oct – Nov _____ Nov – Jan _____ Jan – Feb _____ Feb-Mar _____ Apr-May

Note: To confirm participation in a session, teachers are required to attend a Teacher Orientation in August *(for Fall semester participation)* or December *(for Spring semester participation)*.

4. Participating teachers are expected to manage student behaviors and assist with the activities led by the DoD STARBASE Instructors. What type of classroom management support will you provide during the time your students are participating in activities at our facility?

5. How will your school contribute to covering the cost of transportation

6. Describe any "at-risk" characteristics of your school's population.

Classes will be scheduled based on order of receipt of application and target group.

Teacher (Sign)

Date_____

Teacher (Print)