



# TEACHER APPLICATION

Dr. Ronald E. McNair  
D.R.E.M.E. Summer Science Camp

*For Educators*  
July 20 - 31, 2009

*Please mail to:*  
**D.R.E.M.E. Science Literacy Foundation**  
**P.O. Box 580568**  
**Houston, TX 77258-0568**

**General Information** (please type or print)

First Name:	Middle:	Last:
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
E-mail Address:		
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	T-shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> X L <input type="checkbox"/> 2 X <input type="checkbox"/> 3 X
Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	* Gender and ethnicity are strictly used for D.R.E.M.E. reporting purposes only and are optional.

**Professional Information** (please type or print)

School:							
School Address:							
City:	State:	Zip:					
School Phone:	School Fax:						
School E-mail:	School District:						
Principal/Supervisor's Name:							
School Type (check all that apply):	Public	Private	Urban	Rural			
Grades you currently teach: (check all that apply)	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
Subjects you currently teach:	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Technology	<input type="checkbox"/> Geography			
	<input type="checkbox"/> Other:						
Current Position/Title:				Years of experience:			

What do you expect to gain from attending the DREME Summer Science Camp?

What are some ways you would incorporate space science materials into your classroom?

Why would you like to be selected for the DREME Summer Science Camp?

**I certify that the information in this application is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

DREME Science Literacy Foundation

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