

All information is required for processing this application.

Full Legal Name _____

Home Address _____

High School _____ School District _____

High School Address _____

Home Phone () _____ School Phone () _____ E-mail Address _____

1. Please check your status related to **AP*** training:

- Never taught an AP* course or had training
- Attended training five or more years ago; returning for updates
- Attended training two to four years ago and am returning for curriculum updates
- Received a scholarship for training at Carleton in 2008

2. If you are **currently teaching** an AP* course, please define:

Years teaching AP* classes _____

Which AP* courses? _____

3. If you are **new to teaching** an AP* course, please define:

Which AP* course will you teach in 2009–10? _____

What Carleton workshop are you currently applying to attend? _____

4. Provide a **description/plans** for implementing your AP* course. How will training help?

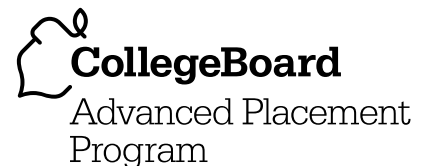
Principal Signature _____ Date _____

Return this scholarship application plus one copy of your Carleton registration form by May 30 to:

AP coordinator, Minnesota Department of Education, 1500 W. Highway 36, Suite B–10, Roseville, MN 55113.

(DO NOT SEND TO CARLETON.)

This AP Summer Institute has been endorsed by



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