



# Summer Teaching Institute MN Department of Education MDE Scholarship Form 2019

**All information is required for processing this application.**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

High School \_\_\_\_\_ School District \_\_\_\_\_

High School Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email 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

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

Years teaching AP\* classes: \_\_\_\_\_  
Which AP\* subjects? \_\_\_\_\_

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

Which AP\* course will you teach in 2019-2020? \_\_\_\_\_  
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 24 to:**

Traci Valentino  
Minnesota Department of Education  
1500 Highway 36 West  
Roseville, MN 55113

This AP Summer Institute  
has been endorsed by



**(PLEASE DO NOT SEND TO CARLETON)**

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