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| First Name: | | Click or tap here to enter text. | | | | | | | Last Name: | | Click or tap here to enter text. | | | | | | |
| Mailing Address: | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| City: | Click or tap here to enter text. | | | | | State: | | Click or tap here to enter text. | | | | | | | Zip: | | Click or tap here to enter text. |
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| Home Phone: | | | Click or tap here to enter text. | | | | | | | Daytime Phone: | | | Click or tap here to enter text. | | | | |
| Email Address: | | | Click or tap here to enter text. | | | | | | | | | | | DOB: | | | Click or tap here to enter text. |
| Last Degree Earned: | | | | | Click or tap here to enter text. | | | | | | | Overall GPA: | | | | Click or tap here to enter text. | |
| Current Assignment:  (Subject, Grade Level, District, Campus) | | | | | | | Click or tap here to enter text. | | | | | | | | | | |

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| For informational purposes | | | | | | | | | | | | | | | |
| Gender: | Male | |  | Female | |  | | | | | | | | | |
| Ethnicity: | | African American | | |  | | Hispanic |  | White |  | Other |  | Two or more races |  |

Admission to the Region 12 Master Science TeacherCertification Program requires that all applicants meet therecognized and required standards as set by State Board forEducator Certification. Enrollment is limited, so applicationswill be reviewed by a screening committee.

Application Process:

All of the following materials must be submitted to the MSTCP  
Committee before the application will be considered:

A completed application form that describes applicant’s

* impact on student science achievement
* professional development activities in the area of science
* awards and recognition in the area of science
* participation in community service related to science (see  
  following pages)

A letter of intent which includes: candidate’s background, teaching and career goals, past and present teaching experiences in the area of science and purpose for seeking the program

Three (3) letters of recommendation: one from the District Superintendent, one from the Campus Principal, and one from someone familiar with the candidate’s academic abilities and experience in teaching science

Copy of valid Texas teaching certificate (Science Specialists must submit copy of Science Specialist Certificate)

Copy of Service Record verifying at least 3 years of teaching experience

Copy of transcript from last degree earned

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| **Name:** | | Click or tap here to enter text. |
|  | | |
| 1. | Please describe your impact on student science achievement. | |
| Click or tap here to enter text. | | |
| 2. | Describe professional development activities in the area of science. | |
| Click or tap here to enter text. | | |
| 3. | List participation in professional science organizations. | |
| Click or tap here to enter text. | | |
| 4. | Describe any participation in community service related to science. | |
| Click or tap here to enter text. | | |

Mail or Email completed application and all documents  
**(no later than April 5, 2017)** to:

**MSTCP Committee  
c/o Mika Coffey  
Education Service Center Region 12  
P.O. Box 23409  
Waco, TX 76702-3409  
mcoffey@esc12.net**