

Application for



Facilitator Training

April 17-18, 2012 at Mt. Magazine State Park

Expenses: We have been able to fund this program partially, but it will require additional financial commitment on the part of the school or district. There is \$400 institute fee to help defray costs of materials and lodging for each participant. The school district will be invoiced by the University of Arkansas for the institute fee.

Date _____

Please print the following:

Deadline for application: February 24, 2012

INDIVIDUAL INFORMATION

I have applied to attend the Facilitator Training before. No ___ Yes ___ (year applied) _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

HOME STREET ADDRESS: _____

HOME CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ HOME E-MAIL: _____

HOME FAX: _____ BIRTHDAY: _____

- FEMALE MALE
- AFRICAN AMERICAN ASIAN CAUCASIAN
- HISPANIC NATIVE AMERICAN OTHER _____

SCHOOL INFORMATION

SCHOOL DISTRICT AND/OR ORGANIZATION: _____

SCHOOL NAME: _____

WSTREET ADDRESS: _____ WCITY: _____ WSTATE: _____

WORK ZIP CODE: _____ WORK COUNTY: _____ WORK CO-OP: _____

NUMBER OF YEARS TAUGHT: _____ WORK PHONE: _____

WORK FAX: _____ WORK E-MAIL: _____

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES WHEN _____ NO

POSITION: (Please check one)

- ELEMENTARY MIDDLE SCHOOL JUNIOR HIGH
- HIGH SCHOOL UNIVERSITY OTHER: _____

CURRENT GRADE(S) TEACHING: (Please check appropriate spaces)

- K 1 2 3 4 5 6 7
- 8 9 10 11 12 Other: _____

SUBJECT(S) : _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

WHY IS IT IMPORTANT FOR YOU TO PARTICIPATE IN THE ARKANSAS LEADERSHIP ACADEMY'S FACILITATOR TRAINING?

WHAT EXPERIENCE DO YOU HAVE FACILITATING (Professional Development, Team Meetings, etc.)?

WHAT SPECIFIC CONTENT AND/OR SKILLS DO YOU HOPE TO GAIN FROM PARTICIPATING IN FACILITATOR TRAINING?

COMMITMENT:

FACILITATOR

If selected to attend Facilitator Training, I understand that I am making a commitment to examine and improve my facilitating skills in order to improve myself and all learners, adult and children, in my system. **IN ORDER TO BE CONSIDERED FOR FACILITATOR TRAINING, I AGREE TO PARTICIPATE IN BOTH DAYS OF THE SCHEDULED TRAINING.**

Due to the number of applications received, completing this application cannot guarantee a slot.

FACILITATOR SIGNATURE _____ DATE _____

PRINCIPAL NAME IF APPLICABLE (please print): _____

Please indicate your Arkansas Leadership Academy Master Principal graduation dates:

Phase 1: _____ Phase 1: _____ Phase 3: _____

IF _____ IS SELECTED TO ATTEND FACILITATOR TRAINING, I AM MAKING A COMMITMENT TO SUPPORT HIM/HER IN THIS ENDEAVOR. I UNDERSTAND THAT ATTENDANCE AT BOTH DAYS OF FACILITATOR TRAINING IS MANDATORY.

PRINCIPAL SIGNATURE _____ DATE _____

Submit application by February 24, 2012 and fax or mail signature page by February 24, 2012.

**Arkansas Leadership Academy
1 University of Arkansas
WAAX 300
Fayetteville, AR 72701
479-575-8663 (fax)**