



## APPLICATION FORM

Health Sciences & Technology Academy Program  
for Middle and High School Math & Science Teachers

**Please Print or Type:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

City, St, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Club Name (if in different school): \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

Sex: Male Female Total years teaching: \_\_\_\_\_

What is your highest level of Education? \_\_\_\_\_

What year did you complete the above degree? \_\_\_\_\_

Do you have any other additional certifications? \_\_\_\_\_

What grade(s) do you teach? \_\_\_\_\_

What course(s) do you teach? \_\_\_\_\_

Do you have additional responsibilities in your school (i.e., technology coordinator)?

Have you ever had safety training through your school or other Institution? Yes No

How did you hear about HSTA?

Principal      Colleague      Media      Friend      Other\_\_\_\_\_

REFERENCES: Please submit two character references (other than relatives). One reference should be from a principal, science department chair, or other key educators. Please include the following information: name, title, occupation, address, and phone number (day/work).

1)

Name	Title	Occupation
Address		Phone No.

2)

Name	Title	Occupation
Address		Phone No.

**Please direct questions, and return completed form to:**

**HSTA  
PO Box 9026  
Morgantown, WV 26506-9026  
304-293-1651  
800-345-4267**