

**WaterBotics: Building Science, Engineering and IT Talent
Application to Participate in WaterBotics Project
2012**

Application Deadline: May 25, 2012
Notification of acceptance or declination: June 8, 2012

Please submit completed application packets to Sinclair Community College by one of the following options:

Email: paul.lawrence@sinclair.edu
Fax: (937) 512-3328
Mail: Sinclair Community College
444 West Third Street
Dayton, Ohio 45402-1460

Questions? Please contact Paul Lawrence @ (937) 512-2575.

School/Organization Name: _____

School District (If applicable): _____ County: _____

School/Organization Address: _____ City, State, Zip: _____

School/Organization Main Telephone #: _____

Ethnic breakdown of the School/Organization:

_____ % White/Caucasian _____ % African American _____ % Hispanic/Latino

_____ % Native American _____ % Asian _____ % Other

Name/Title of Primary School/Organization Project Contact (the person who will coordinate activities):

Name: _____

Primary Contact Telephone Number: _____ Alternate Phone #: _____

Primary Contact Preferred Email Address: _____

Educator institute (July 9-13) Desired attendance date

IMPLEMENTATION OF WATERBOTICS PROJECT:

1. In what class(es) will the Waterbotics curriculum be implemented? Please include the course title and a brief description of major learning objectives or syllabus (attach/append if necessary).

4. What do you hope to gain through participation in this project?

Participant #1 Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell #: _____

Preferred Email Address: _____

School/Organization Phone #: _____

Position (check all that are appropriate):

Teacher: Grade ____ Subject/s Taught _____

Administrator: Responsibilities _____

Technology Specialist: Responsibilities _____

Other: Please specify _____

PARTICIPANT #2 INFORMATION:

1. How many year have you taught the course/program in which you expect to implement this curriculum?

2. Do you expect to teach this course for the 2012 – 2013 school year in the same school/location?

3. Have you ever participated in any other robotics projects? (this is not a requirement) If yes, please describe.

4. What do you hope to gain through participation in this project?

Participant #2 Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone #: _____ **Cell #:** _____

Preferred Email Address: _____

School/Organization Phone #: _____

Position (check all that are appropriate):

Teacher: Grade____ **Subject/s Taught**_____

Administrator: Responsibilities_____

Technology Specialist: Responsibilities_____

Other: Please specify_____

Principal or Director Name (Printed) **Principal or Director Signature** **Date**

Participant #1 Name (Printed) **Participant #1 Signature** **Date**

Participant #2 Name (Printed) **Participant #2 Signature** **Date**