

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

Notification of acceptance or declination: June 1, 2010

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

Email: donald.homan@sinclair.edu  
Fax: (937) 512-2936  
Mail: Sinclair Community College  
444 West Third Street  
Dayton, Ohio 45402-1460

Questions? Please contact Don Homan @ (937) 512-2570.

School/Organization Name:

School District (If applicable):

County:

School/Organization Address:

City, State, Zip:

School/Organization Main Telephone #:

Ethnic Breakdown of 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):

Primary Contact Telephone Number:

Alternate Phone #:

Primary Contact Preferred Email Address:

Desired attendance dates for 2010 summer institutes (please select one if more than one offered):

Educator institute (July 12-16)

**IMPLEMENTATION OF WATERBOTICS PROJECT:**

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

2. Please describe or append one or two representative projects or assignments used during the class, if applicable.

3. What grade(s) are the students in this course?

4. Approximately how many youth/students (total) will be involved per class or over the course of a year? (If more than one class will participate, please identify the number in each class.)

5. What is the predicted gender makeup of each class (% male and % female)?

6. How do you envision that the WaterBotics curriculum will strengthen or enhance this course?

7. From your current knowledge about the project activities, when during the school year do you anticipate implementing the WaterBotics lessons (e.g., Nov-Dec, March, weekly over the course of several months, etc.)?

8. Are there other implementation issues or challenges you would like to address in this application?

PARTICIPANT #1 INFORMATION:

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

10. Do you expect to teach this course for the 2010-11 school year in the same school/location? When/how will you receive confirmation of your schedule for 2010-11?

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

12. 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:

13. How many years have you taught the course in which you expect to implement this curriculum?

14. Do you expect to teach this course for the 2010-11 school year in the same school/location?  
When/how will you receive confirmation of your schedule for 2010-11?

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

16. 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\_\_\_\_\_

SCHOOL/DISTRICT COMMITMENTS (TO BE COMPLETED BY PRINCIPAL OR AUTHORIZED DISTRICT/ORGANIZATION REPRESENTATIVE):

17. Will the school, district, organization or individual participants be able to cover transportation costs to Sinclair Community College for professional development?

18. Will project staff and evaluators be allowed to visit participating classrooms or training locations, interview teachers, instructors, and students (confidentially) and take photos and videos of project implementation (with signed release forms and no names)?

\_\_\_\_\_  
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