Lake Superior Rivers2Lake Application Form

Please complete and return this form to Deanna Erickson, Lake Superior NERR education coordinator, via email at deanna.erickson@uwex.edu or via postal mail at: Lake Superior Reserve, 14 Marina Drive, Superior, WI 55840.

Applications are due by May 1, 2019.

Name: 

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<th>Phone (summer):</th>
<th>School:</th>
<th>Years Spent Teaching:</th>
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<tr>
<th>Home address:</th>
<th>Email (summer):</th>
<th>Email (school year):</th>
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Grade Level(s) taught or position: 

Please circle (or highlight, if completing this form digitally) the amount of time you typically do the following activities:

1. I have incorporated teaching outdoors into my class activities (Circle One):

   Never    Rarely    Sometimes    Often    Daily

2. I wish that I incorporated teaching outdoors into my class activities (Circle One):

   Never    Rarely    Sometimes    Often    Daily

3. I teach about rivers, watersheds or freshwater estuaries (Circle One):

   Never    Rarely    Sometimes    Often    Daily

4. I teach about Lake Superior or the Great Lakes (Circle One):

   Never    Rarely    Sometimes    Often    Daily

5. Please describe any relevant professional development you have participated in (especially related to outdoor or environmental education):

   Over...
6. Describe your desire to participate in the Rivers2Lake Program. Provide details about your teaching experience and style that you believe this program would enhance. Include how it would benefit your students and/or your school.

7. Please describe your personal involvement or interest, if any, in water resources, natural history, or outdoor recreation.

8. In one paragraph, describe why you should be selected to participate in the Rivers2Lake Program. Include leadership qualities, your desire to learn and incorporate the outdoors, and why you are interested.

Acknowledgement:
I acknowledge that my participation in the Rivers2Lake Education Program is contingent on my attendance at the Rivers2Lake Summer Institute August 5-9, 2019, operated out of the Lake Superior National Estuarine Research Reserve in Superior, WI. I also acknowledge that this program requires my participation through collaborative meetings and Lake Superior-focused lessons twice each month during the school year.

☐ By checking this box, I agree to participate in both the Summer Institute and monthly collaboration during the school year.

Signature ____________________________________________ Date ____________________