

CITY GARDENS CLUB OF NEW YORK

2008 Scholarship Program for Professional Development Application Form

1. Please check the appropriate program for which you are applying:

Teachers grades K – 2

**NY Botanical Garden
Seedlings Program**

___ July 7 – 11, 2008

9 a.m. – 3:30 pm

or

___ July 14 – 18, 2008

9 a.m. – 3:30 pm

Teachers grades 3 – 5

**NY Botanical Garden
Saplings Program**

___ July 21 – 25, 2008

9 a.m. – 3:30 p.m.

or

___ July 28 – August 1, 2008

9 a.m. – 3:30 p.m.

Teachers grades Pre-K – 8

Brooklyn Botanic Garden

___ July 8, 9, 10, 15, 16,

17, 22, 23, 24, 29,

2008

4 p.m. – 7 p.m.

Teachers grades 6 – 8

**Maine Audubon Society
Hog Island, ME**

___ July 13 – 19, 2008

Teachers grades 4 – 8

**The Nature Conservancy
Shelter Island, NY**

___ July 7 – 10, 2008

2. Name:

3. Home Address:

City

State

Zip Code

4. School:

5. School Address:

City

State

Zip Code

Borough

6. Telephone (School) _____

Telephone (Home) _____

E-mail _____

7. Grade level currently teaching _____

Subject _____

Number of years teaching _____

Currently a teaching fellow ___ yes ___ no

If a teaching fellow, year you are in _____

8. How did you find out about the City Gardens Club scholarship program?

9. Describe your methods for teaching science to your students:

10. Explain why you should be selected to participate in the program you have selected. (Include outside activities related to science such as clubs, committee memberships, etc.)

11. Please describe how attending the selected program would benefit you, your students and your schools. (Attach a typed 250 – 400 word explanation).

12. Have you previously received a City Gardens scholarship to attend a summer workshop?

No Yes If yes, which year?

Applicant's signature _____

Date _____

**APPLICATIONS MUST BE RECEIVED BY
FRIDAY, FEBRUARY 29, 2008
YOU WILL BE NOTIFIED OF OUR DECISION BY
THURSDAY, MARCH 20, 2008**

**MAIL TO:
Scholarship Selection Committee
City Gardens Club of New York
755 Park Avenue
New York, NY 10021**

CITY GARDENS CLUB OF NEW YORK

LETTER OF SUPPORT

I strongly support the participation of _____ in
the program _____ at _____
_____. I understand that if selected to participate the
applicant will learn new science education techniques applicable to his/her classroom.

I will support their effort to share their newly acquired knowledge with their
colleagues during the school year.

Sincerely,

Principal

Office E-mail address _____
(For confirmation of signature)

Date _____