

APPLICATION FORM

Name _____

Home Address _____ Phone (____) _____

City _____ State _____ ZIP _____

School Name _____

School Address _____ Phone (____) _____

City _____ State _____ ZIP _____

E-mail address _____

Grade Level _____ Subjects taught _____

Number of years teaching experience _____ Number of years at current school _____

EDUCATION

INSTITUTION	YEAR	DEGREE/CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE

POSITION	SCHOOL/ORGANIZATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS AND HONORS RELATED TO TEACHING

OTHER RECOGNITION OR HONORS

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Nominees Signature: _____ **Date:** _____

Please mail **SIX** copies of the Application packet to the address listed below. The deadline for submitting applications to the FAITC office is **January 16, 2004**.

(Applications must be in the FAITC office by 5 p.m. on or before January 16, 2004.)

Florida Ag in the Classroom, Inc.

Attn: Sarah Joe Cannon

PO Box 110540

2091 McCarty Hall

Gainesville, FL 32611

Phone: (352) 846-1391

****Applications will not be accepted via fax or email.**