

1 Contact Information

Contact Name _____ Position _____
School District _____ School _____
Address _____ City _____ Postal Code _____
Phone (____) _____ Email _____
Number of staff participating _____ Number of staff at school _____ Number of students at your school _____
Total number of classes participating _____ Number of classes at school _____

Application Criteria

Preference will be given to schools who:

- Pick a whole-school theme
- Provide 3 possible dates for a staff professional development session (May-March)
- Majority of staff interested in participating
- Demonstrate interest in integrating place-based learning
- Willing to participate in the 3 year program

2 Choose a theme

Water Forests Ecosystems Other: _____

3 Professional Learning Session

Please select 3 potential dates and times for your workshop or planning session. *(First year schools please block off 4 consecutive hours)*

1) _____ 2) _____ 3) _____

4 Tell us about your school:

Other information to share or special notes for us to consider: