

Teachers Academy

Name: _____

Subjects Taught/Grade Level: _____

Years of Experience: _____

Highest Degree Earned: _____

Name of School District: _____

Name of School: _____

School Address: _____

Home Address: _____

School Phone Number: _____ Cell Phone Number: _____

School Email: _____ Home Email: _____

FEE: \$700

Bill to Email: _____

Applicant's Signature: _____ Date: _____

The building principal must sign below to indicate their willingness to support your participation in the Teachers Academy.

Principal's Signature: _____ Date: _____

Application Deadline: July 1, 2021

Return this application, a letter of recommendation from a school administrator and a brief letter stating why you would like to be selected for the Teachers Academy by email to tsmith@edplus.org or Fax: (314) 692-9700.