

# Adams County Business Education Partnership

## EDUCATOR IN THE WORKPLACE - 2010 APPLICATION

Educator's Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_

School District: \_\_\_\_\_

Years as an Educator: \_\_\_\_\_ Grade Level(s) you teach or work with: \_\_\_\_\_

Subject(s) you teach: \_\_\_\_\_

Briefly describe your goals for participating in the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company that I have contacted, or plan to contact is:

\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Business contact email: \_\_\_\_\_

Return by email to Ann Cowden ([acbep@gettysburg-chamber.org](mailto:acbep@gettysburg-chamber.org)) by **May 17, 2010**

**All Business Sites being visited must be approved by ACBEP. Ann Cowden can assist you with identifying a worksite location. Please call 338-0861 or email if you request**

**In addition to completing this application, you must also register with Shippensburg University. This can be done online at [www.ship.edu/extended](http://www.ship.edu/extended) .**