

PA GOVERNOR'S INSTITUTE FOR WORLD LANGUAGE EDUCATORS  
SCHOLARSHIP APPLICATION

Complete application and return by April 29, 2005 for full consideration  
(Applications received after this date will still be considered if vacancies exist)

*Please Note: Educators who have attended and received credit for the Governor's Institute for World Language Educators cannot attend until the Institute program format has been changed.*

Please Type or Print Clearly

Name: School Name:  
School Address: City: Zip:  
School District: County: IU#:  
School Phone: School Fax: School Email:  
Home Address: City: Zip:  
Home Phone: Home Email:

Check the following items below that pertain to you (check all that apply):

Public School  Private School  Licensed Private School  Charter School  Pre-Service Education

Grade Levels you work with:  Pre K-2  3-6  7-9  10-12  Administrator  Higher Ed

Number of years teaching:  0-3  4-6  7-10  11-20  21 or more

What grade(s) do you teach? \_\_\_\_\_ How many students do you teach each year? \_\_\_\_\_

Language field(s):  French  German  Spanish  Classical Language  Other \_\_\_\_\_

**\*\*Please put an asterisk\* near language that you prefer to be immersed into!\*\***

\_\_\_\_\_ Initial here to verify that you agree to present a workshop relating to this institute with other teachers in your region for the 2005-2006 school year or during the summer of 2005.

\_\_\_\_\_ Initial here to verify that you understand that when notified of your acceptance, a \$35.00 personal check needs to accompany your registration form. **This check will be returned to you providing that you complete the institute.**

\_\_\_\_\_ Initial here to verify that you understand and agree that this is a residential program (all participants reside on campus)

**DISTRICT/SCHOOL RECOMMENDATION (must be completed to qualify for a scholarship.)**

I recommend that (applicant's name) \_\_\_\_\_ be considered for a scholarship to attend one of the Governor's Institutes or Academies for Educators that is aligned with his/her teaching assignment. Furthermore, I support his/her participation in a local/regional follow-up workshop for a maximum of two days during which the district/school will assume responsibility for substitute costs.

\_\_\_\_\_  
Chief School Administrator's Name (typed or printed) Chief School Administrator's Signature

**Give a brief statement expressing why you would like to participate in the Institute:**

**Mail this completed form to: Ms. Ryan Rost, Assistant Dean of Students, Villanova University, 213 Dougherty Hall, 800 Lancaster Avenue, Villanova, PA 19085 [ryan.rost@villanova.edu](mailto:ryan.rost@villanova.edu)**