

# Project ICAN: Inquiry, Context and Nature of Science Application Form

To participate in **Project ICAN Year Five (2004 - 2005)**, please provide the following information.

## **I. General Information:**

Name \_\_\_\_\_

Address for correspondence ( Home  School)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Phone (home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (School) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ (School fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

School Address (if not given above) \_\_\_\_\_  
\_\_\_\_\_

Grade level(s) and Subject(s) you presently teach \_\_\_\_\_

Years of teaching experience \_\_\_\_\_

## **Educational Background:**

Please indicate degrees earned or degrees in progress. Include degree year and subject areas.

	Year	Major	Minor
BS/BA	_____	_____	_____
MS/MA/MAT	_____	_____	_____
PhD	_____	_____	_____

## **II. Statement of Interest:** Briefly explain your interest in the project. (Attach separately)

**III. Letter of Support:** We request a letter from your school administrator stating your school's approval of Project ICAN goals and full support of your participation in this project.

**Submit forms to:** Dr. Norman G. Lederman  
Department of Mathematics and Science Education  
Illinois Institute of Technology  
3424 S. State Street Room 4007 South  
Chicago, IL 60616  
E-mail: [ledermann@iit.edu](mailto:ledermann@iit.edu)  
Fax 312 567-3659

Space is limited. Applications are reviewed and accepted as they are received.