A complete application form includes:

A. Teacher Applicant Information
   a. Cover Page (including required signature)
   b. Vitae (including the following required information)
      i. Your teaching experience (locations, roles, and lengths of time)
      ii. Any teacher-leadership experiences (serving on or leading committees, writing curriculum, etc.)
      iii. List your professional development experience (participant or presenter) in mathematics content and instruction (include graduate coursework, conferences, etc.)
   c. Responses to the following Essay Questions (Your response is limited to 2 pages total.)
      1. **Teacher Leadership:**
         *Serving as a mathematics teacher leader is an important aspect of your participation in the Math in the Middle Institute Partnership.*
         Please describe the key challenges faced by you and others who teach mathematics in your school as you strive to provide challenging mathematics courses and curricula that enable students to meet high standards.
      2. **Mathematics Content Knowledge:**
         *The Math in the Middle Institute curriculum will include rich and challenging mathematics content which is designed to enhance your understanding of mathematics and how best to teach mathematics in the middle grades.*
         Please assess your current knowledge for teaching mathematics at your current grade level and describe your interest in expanding your mathematical content knowledge.

B. Two Letters of Recommendation
   (including one from your building level administrator and one from a colleague)
   Taken together, the recommendations should address:
   - Your potential to succeed in a graduate program that includes challenging mathematical and pedagogical content designed to produce academic leaders at the (5-8) middle level
   - Your ability to take on challenges and to grow professionally
   - Your leadership experiences or qualities

C. Administrative Support Information (including required signatures)

Applications should be typed. Completed applications must be received in our office or postmarked by September 13, 2004. Please send your completed application to:

Math in the Middle Institute Partnership
c/o CSMCE
251 Avery Hall
University of Nebraska – Lincoln
Lincoln, NE 68588-0131
Math in the Middle Institute Partnership
Applicant Cover Page

Name: ______________________________________________________________

School: __________________________________________________________________

District: ____________________________  ESU: ________________

School Address: __________________________________________________________________

School Phone: ______________________  School FAX _____________________

Home Address: __________________________________________________________________

Home Phone: ______________________  Email __________________________

Current Grade level/position ______________________________________________________

Years at current school ____________  Number of years teaching ___________

Undergraduate Degree ____________________________________________________________
(institution, year, major)

Graduate Education _____________________________________________________________
(institution, major, hours earned, degrees awarded)

Educator License Endorsements ____________________________________________________

Applicant Agreement:  I understand that I am making a three-year commitment, including approximately two years of graduate coursework and my commitment to play a leadership role in mathematics in my school, district and ESU for at least one year after the end of my participation in the M² institute. As part of this commitment, I will engage in classroom-based observation and feedback sessions with M² staff, and I will cooperate with M² researchers and with evaluators from RMC Research Cooperation who may need to observe my class, interview me, and have access to the achievement data of my students.

_________________________________________  ____________________
Signature of Applicant  Date

Due Date: This application is due September 13, 2004.
Math in the Middle Institute Partnership
Administrative Support Form

Name of Applicant

___________________________________________________

School Principal

___________________________________________________

School

___________________________________________________

School Address

___________________________________________________

_____________________________________________________

_____________________________________________________

District/ESU Administrator

___________________________________________________

Name of District/ESU

___________________________________________________

Principal’s Agreement:
I have reviewed the above named teacher’s application to participate in the Math in the Middle Institute and I am pleased to indicate my support for this application. I understand that if this teacher is chosen for the M² Institute, my school and district’s obligations will include:

i) Providing the teacher-participant with release time (approximately 2 days per semester) necessary to participate in M² Institute courses, workshops and other programs;

ii) Participating with my school’s teacher-participant(s) in the M² Leadership Academy as part of the development of the teacher-participant’s school improvement plan;

iii) Cooperating with Math in the Middle researchers and with evaluators from RMC Research Corporation who may need to observe classes in my school, to interview me or teachers in my school or to have access to student achievement data; and

iv) Supporting my school’s teacher-participant(s) in their efforts to engage in school-based research or to work with our school’s teachers and administrators to improve mathematics teaching and learning in our school.

_________________________________________  ___________________________
Principal’s Signature      Date

District/ESU Administrator’s Agreement:
Our District/ESU is a Math in the Middle core partner. We support the above named teacher’s application and will work with and support this teacher if chosen to participate in the Math in the Middle Institute.

________________________________________  ___________________________
District/ESU Administrator’s Signature   Date