Educational Careers Application

Date Submitted: _____

Student Name: _____ High School: _____

Interested grade level (i.e., Pre-K/Daycare, Elementary, Middle, High School): _____

Interested subject area (i.e., Math, Science, English): _____

School desired for work site: _____ Desired teacher: _____

Briefly explain why you would like to be part of the teacher training program:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Are you receiving Special Education services? ____ Yes ____ No
If yes, in what academic area? _____

You will need to obtain two signatures from current educational personnel such as a teacher or counselor for recommendation for the program.

1. _____ _____ 2. _____ _____
(Signature 1) *Date* *(Signature 2)* *Date*

Gloria Sowle or Carol Todd
Educational Career Instructors
Mt. Pleasant Area Technical Center
1155 South Elizabeth Street
Mt. Pleasant, MI 48858

If you have any further questions please call (989) 775-2210.