**Application for 2019 PAWLP Invitational Institute**

**6 Graduate Credits**

**Total of 16 days: 3 Spring Dates, 12 days in Summer, and 1 Fall Date**

**Applicant Information**:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School and District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One

Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provisional or Professional

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you in a Graduate Program? Circle: Yes OR No

Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s):\_\_\_\_\_\_\_ If yes, where and what program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a brief letter, (no more than two, single-spaced pages), please respond to the following:

* Describe yourself as a writer and teacher of writing.
* Explain an approach to teaching writing that you want to think about with others (one you have tried already or are planning to pursue). Ideally, connect this explanation to a teaching artifact you have created (e.g., lesson plan, assignment, sample of student work with your responses).
  + \*Please include this teaching artifact with your application\*
* Discuss why you want to be affiliated with PAWLP, a site of the National Writing Project(NWP), and to earn an internationally recognized credential as a National Writing Project Teacher Consultant.

**DATES AND TIMES- Attendance Required for all of the below dates**

**May 4th & 18th; June 1st, 8AM - 1PM**

**June 24th-28th, July 1-2, July 8-12, 8AM - 3PM**

**September 28th, 10AM-2PM**

Please submit this application, your letter, and teaching artifact as soon as possible to:

**Attention Cyndy Pilla** -- Pennsylvania Writing and Literature Project/West Chester University/720 S. High St/ Main Hall Room 151/ West Chester, PA 19383

Application and materials may also be emailed to Cyndy at cpilla@wcupa.edu

APPLICANTS WHO APPLY BY DECEMBER 1, 2018 WILL RECEIVE A FEE BUNDLE OF PEDAGOGICAL TEXTS

Final application deadline is April 15, 2019

Applications are reviewed on a rolling admission basis. Enrollment is limited

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful applicants must have at least three years of teaching experience at any grade level or in any content area.

Professional History

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| --- | --- | --- | --- |
| Position and Brief Description | Grade Level(s) | School District | # of Years |
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Prior PAWLP Experiences:

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| --- | --- | --- |
| **Title or brief description** | **Instructor** | **Year** |
|  |  |  |
|  |  |  |
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**Endorsement by School Official or PA Writing and Literature Project Teacher-Consultant:**

I endorse the above named applicant as a participant in the (check one):\_\_\_\_ Writing Institute

I believe s/he will be an effective contributing member of PAWLP.

Endorser’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorser’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorser’s position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact the PAWLP office at 610-436-2598 or email cpilla@wcupa.edu