

NCCAT Principal Scholars Initiative Application

For NCCAT use only
 • Received _____ • Accepted _____ • Code _____

• **Seminar Preference** • • • • • (Choose up to 3)

1. Seminar Number _____ Seminar Title _____
 2. Seminar Number _____ Seminar Title _____
 3. Seminar Number _____ Seminar Title _____

• **Personal Information** • • • • •

Name: _____

Last	First	Middle Initial	Nickname	*Social Security#
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Mailing Address: _____

Street or P.O. Box	City	State	Zip
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Telephone: _____ Female Male

Home Phone	Cell Phone
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E-Mail: _____

Home E-mail Address	Work E-mail Address
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• **For NCCAT Alumni Only** • • • • •

Have you attended a seminar at NCCAT before? No Yes If yes, when? _____

• **Employment Information** • • • • •

Full Name of School	LEA	Work Telephone
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Number of years as a classroom teacher? _____ Number of years as an administrator? _____

• **Educational Information** • • • • •

College / University Name	City	State or Country	Degree Awarded (most recent)
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College / University Name	City	State or Country	Degree Awarded
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Applicant Signature _____ Date _____

*Providing this number is voluntary. It will be used only for identification and record-keeping purposes.

• **Personal Statement** • • • • •

In approximately **200 words** and on a separate sheet of paper, please answer the questions below:

What interests, inspires, and/or challenges you about the topic(s) of the seminar(s) you have chosen?

How do you think participating in an NCCAT seminar will impact you as an administrator?

• **Superintendent Recommendation**

I support this application to the North Carolina Center for the Advancement of Teaching.

Superintendent Signature

Date



For more information visit
www.nccat.org

800-922-0482
828-293-5202