



**Project  
ASTRO  
NEW MEXICO**

# *PROJECT ASTRO-NM*

## **TEACHER APPLICATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State.: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Email (school): \_\_\_\_\_ Email (home) \_\_\_\_\_

School Address: \_\_\_\_\_ School FAX: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

Grade(s) and subject(s) you teach: \_\_\_\_\_

1. Number of years teaching experience: \_\_\_\_\_

2. Briefly summarize your teaching background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your formal education: \_\_\_\_\_

\_\_\_\_\_

4. What type of professional development experiences have you participated in and how have these experiences impacted your classroom teaching?

\_\_\_\_\_

5. Rate your knowledge of astronomy (1 = low, 5 = high)

1    2    3    4    5

1. How will you include astronomy in your program?

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2. Why do you want to participate in Project ASTRO-NM?

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3. How did you hear about Project ASTRO-NM? \_\_\_\_\_

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Your  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADMINISTRATOR SUPPORT

Administrator support leads to more successful partnerships. Please have the appropriate administrator certify support for your participation in Project Astro-NM by completing and signing.

I support the participation of: \_\_\_\_\_ in Project Astro-NM. This support includes planning time and allowing visits to the school by the volunteer astronomers.

Principal or Administrator's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Return to:**

**The New Mexico Museum of Space History**

**Education Department**

**P.O. Box 5430 Alamogordo, NM 88311**

**phone: (toll free) 877-333-6589 email: Leah.Tooney@state.nm.us**