

# Teacher Leadership Institute

2020-2021

**Application deadline: Friday, May 1, 2020**



You will receive a confirmation email within 3 business days of submitting your application. If you do not receive an email, please contact Joseph Wilson at [jjw02@uark.edu](mailto:jjw02@uark.edu) or 479-575-6708. Notification regarding acceptance into the Teacher Leadership Institute will be sent to applicants and their principals no later than May 31, 2020.

**Due to the number of applications received, completing this application does not guarantee placement in the Arkansas Leadership Academy Teacher Leadership Institute.**

**Expenses: There is a \$1,000 fee to help the Arkansas Leadership Academy offset costs of the four Institute sessions** (9 nights lodging in a private room, 27 meals, 9 snacks, institute learning materials, learning designed and led by Institute facilitators and support from Teacher Learning Coaches). **Please provide a copy of your PO when submitting this application (include the email address where the University of Arkansas may submit the invoice). Your application will not be considered complete until we have a PO.**

## INDIVIDUAL INFORMATION

I have applied to the Teacher Leadership Institute before: No  Yes  Year applied: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

HOME CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL (*preferred*): \_\_\_\_\_

PHONE (*preferred contact number*): \_\_\_\_\_ DOB: \_\_\_\_\_

## SCHOOL INFORMATION

SCHOOL DISTRICT OR ORGANIZATION: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CO-OP: \_\_\_\_\_

NUMBER OF YEARS TEACHING: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

Please indicate what current level(s) of education you teach. Check all that apply.

- |                                      |   |                                       |                            |                             |                             |
|--------------------------------------|---|---------------------------------------|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Elementary  | <input type="checkbox"/> Middle School      | <input type="checkbox"/> Junior High  |                            |                             |                             |
| <input type="checkbox"/> High School | <input type="checkbox"/> University/College | <input type="checkbox"/> Other: _____ |                            |                             |                             |
| K <input type="checkbox"/>           | 1 <input type="checkbox"/>                  | 2 <input type="checkbox"/>            | 3 <input type="checkbox"/> | 4 <input type="checkbox"/>  | 5 <input type="checkbox"/>  |
| 6 <input type="checkbox"/>           | 7 <input type="checkbox"/>                  | 8 <input type="checkbox"/>            | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| 12 <input type="checkbox"/>          | Subjects: _____                             |                                       |                            |                             |                             |

National Board Certification: Yes  No  Currently in process

Graduate School: No  Currently in process  Completed  Degree Focus: \_\_\_\_\_

Have you attended an Arkansas Leadership Academy Institute? Yes  No

If yes, which institute and when: \_\_\_\_\_

Please answer the following questions in the space provided. *Your responses to these questions help us determine which applicants might best benefit from participating in the Teacher Leadership Institute. Please answer the questions in detail, using examples from your teaching experience where appropriate.*

**What would like to know and be able to do as a teacher leader by the end of the Teacher Leadership Institute experience?**

**Describe leadership opportunities you have had in your school/district and outside your school/district. This would include presentations/workshops in your school, district, Co-Op, state/national conferences.**

**Describe one area of instructional practice you would like to improve. What student learning would you want to impact? (If your primary job responsibilities relate to supporting adults, you may substitute adult for student.)**

**Discuss why you think some students are not achieving in your classroom. (If your primary job responsibilities relate to supporting adults, you may describe working with adults.)**

**How have your teaching practices changed in the past three years? To what do you attribute these changes?**



**Why is participation in the Teacher Leadership Institute important to you at this time in your career?**



Teacher name: \_\_\_\_\_

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

**PLEASE DOUBLE CHECK THESE DATES WITH YOUR PROFESSIONAL and PERSONAL CALENDAR. If a teacher is accepted to attend then drops out after session 1, it is impossible to replace that teacher with another from the waiting list. We will also be unable to refund the Institute fee once the teacher has attended session 1.**

Indicate your preferred Forum by checking the corresponding box below. If you are available to attend either Forum, please check both boxes. Sessions begin at 3:00 pm on day 1 and end at 3:00 pm on the last day. The Institute staff understands that emergency situations and unforeseen circumstances may occur and will make every effort to accommodate the institute participant if possible. Please feel free to contact Joseph Wilson at [jjw02@uark.edu](mailto:jjw02@uark.edu) or 479-575-6708 with any questions.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Forum 38:</b> Session 1: Sept. 13 – 16, 2020 | <input type="checkbox"/> <b>Forum 39:</b> Session 1: Sept 20 – 23, 2020 |
| Session 2: Nov. 15-17, 2020  | Session 2: Nov 18-20, 2020  |
| Session 3: Feb. 17 - 19, 2021  | Session 3: Feb 14 – 16, 2021  |
| Session 4: June 20-22, 2021  | Session 4: June 23 – 25, 2021   |

**Location:** All sessions are held at the Winthrop Rockefeller Institute ([www.rockefellerinstitute.org](http://www.rockefellerinstitute.org)) on Petit Jean Mountain in Morrilton, AR.

**Please indicate below if you have any special needs (food allergies, handicap access, etc.)**

**Special Needs:** \_\_\_\_\_

**Expenses:** There is a \$1,000 fee to help the Arkansas Leadership Academy offset costs of the four Institute sessions (9 nights lodging in a private room, 27 meals, 9 snacks, institute learning materials, learning designed and led by Institute facilitators and support from Teacher Learning Coaches). **Please provide a copy of your PO when submitting this application (include the email address where the University of Arkansas may submit the invoice). Your application will not be considered complete until we have a PO.**

**COMMITMENT** (to be signed by teacher applicant, principal & superintendent)

**TEACHER:** If selected to attend the Teacher Leadership Institute, I understand that I am making a commitment to examine my teaching, learning and leadership practices for a one-year period and take action to improve myself and my service to student and adult learners. **IN ORDER TO GRADUATE FROM THE TEACHER LEADERSHIP INSTITUTE, I AGREE TO FULLY PARTICIPATE IN ALL FOUR SESSIONS.**

**TEACHER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL** (please print): \_\_\_\_\_

**Principal E-mail:**  
\_\_\_\_\_

Please indicate your Arkansas Leadership Academy Master Principal graduation dates:

Phase 1: \_\_\_\_\_ Phase 2: \_\_\_\_\_ Phase 3: \_\_\_\_\_ Designation: \_\_\_\_\_

If the above teacher is selected to attend the Teacher Leadership Institute, I am making a commitment to support him/her throughout this endeavor. I understand attendance is mandatory at all four sessions. **Once this teacher begins the institute, we cannot replace him/her with another teacher. Please be as certain as possible the applicant can commit to this process.**

**PRINCIPAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERINTENDENT** (please print): \_\_\_\_\_

If the above teacher is selected to attend the Teacher Leadership Institute, I am making a commitment to support him/her throughout this endeavor. I understand attendance is mandatory at all four sessions.

**SUPERINTENDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BILLING INFORMATION**

The University of Arkansas Treasurer’s Office will send out invoices shortly after June 1<sup>st</sup>. Please do not remit payment until invoices are received. Please indicate below the point of contact for your invoice. A PO# is required for acceptance into this training. Payment is also required before attending this training. Please provide a copy of your completed and signed Purchase Order when submitting this application (include the email address where the University of Arkansas may submit the invoice). **Your application will not be considered complete until we have a copy of your P.O.**

PO#: \_\_\_\_\_

NAME/OFFICE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Deadline: FRIDAY, May 1, 2020**

*Completed applications must be received by close of business on the deadline.*

**In order for your application to be accepted, ALL pages must be completed and sent to Joseph Wilson at the Arkansas Leadership Academy via e-mail, mail, or fax.**

**Joseph Wilson**  
E-mail: - [jjw02@uark.edu](mailto:jjw02@uark.edu) (Preferred Method)  
FAX: 479-575-8663  
Mail: Arkansas Leadership Academy  
Attn: Joseph Wilson  
346 N. West Avenue, Room 322  
Fayetteville, AR 72701

An e-mail confirmation will be sent within 3 business days of the receipt of your application.

You will be notified by e-mail regarding your acceptance to attend by May 31, 2020.

Thank you for your interest in the Arkansas Leadership Academy’s Teacher Leadership Institute. Please contact us if you have any questions.



## PHOTO/VIDEO IMAGE RELEASE FORM

I hereby consent to and authorize the use and reproduction by the Arkansas Leadership Academy, or anyone authorized by the Arkansas Leadership Academy, of any and all photographs/video images that have been taken of me, for any purpose, without compensation to me.

All negatives, positives, digital files, together with the prints, are the property of the Arkansas Leadership Academy.

The Arkansas Leadership Academy reserves the right to use these photographs or video images for any length of time.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name: \_\_\_\_\_  
Signature Date Printed Name

\_\_\_\_\_  
E-Mail address Phone Number