

2012 CSCTFL Leadership Program

Application Form

Name:	Current Position and Institution:
Home Address:	Work Address:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
E – mail:	Language(s) Taught:
Preferred Address: _____ Home _____ Work	Years in the teaching profession:
Organization sponsoring this project (state language organization, school district)	Name, e-mail and telephone contact information for contact person in sponsoring organization

Memberships: I am currently a member of, or hold an office in the following professional organizations:

Leadership Experience:

If I am selected as a CSCTFL Leadership Fellow, I agree to attend:

_____ The 2012 Central States Conference on the Teaching of Foreign Languages
 _____ The 2013 Central States Conference on the Teaching of Foreign Languages

Multiplier effect (plans for expanding the number of participants and for dissemination)	0	1	2	3	4	5	6	7	8	9	10
Participants (qualifications to lead project, other participants and their roles)	0	1	2	3	4	5	6	7	8	9	10
Assessment Plan (indicators of success)	0	1	2	3	4	5	6	7	8	9	10