

UC Davis C-STEM Center
Annual C-STEM College / University Affiliate Application Form 2017/2018

A. General Information					
Organization Name					
County Name					
Mailing Address					
City		State		Zip code	
website		Tel		Fax	
Role:	Name:	Email:		Phone #:	
Dean					
Legal Document Signatory					
Affiliate Director					
IT Contact					
Primary Finance Contact					
Total # of current C-STEM Schools in region/district					
Total # of prospective C-STEM Schools in region/district					

B. Training Location	
Main Location for Trainings	
Training room participant capacity	
# of Laptops available to participants	
Predominant Operating System	

C. Prospective Trainings			
Training Type	# of potential trainings held in calendar year	Prospective Dates	Prospective Location (put ML if using location specified above)
Topic			
Focus Book			
Topic			
Focus Book			
Topic			
Focus Book			
Topic			
Focus Book			

D. Potential Affiliate Trainers (use more pages as necessary)			
Name			
Email			
Phone #			
M/F			
Ethnicity			
Credentials Held			
Years of teaching experience			
Date Location of C-STEM Training for <u>Teachers</u>			
Date / Location of C-STEM Training for <u>Trainers</u>			
Must have one or more of the following:			
A. Years teaching C-STEM			
B. Years teaching C, C++, or Java			
C. C, C++, Java Course / College (with passing grade)			

E. Plan to support training participants past the initial training

F. Plan to Promote C-STEM Professional Development in your Region

G. Plan to Hold Local C-STEM Day (Include City, facility location, etc.)