

**SUPPLEMENTARY APPLICATION
FOR COLLEGE OF STATEN ISLAND STUDENTS
TO THE TEACHER ACADEMY AT THE COLLEGE OF STATEN ISLAND**

Please print all information in blue or black ink except where a printed document is indicated.

Last name, First name, MI

Address – Street, Apt #, City and State, Zip code

Mailing address if different from above

E-mail address Best telephone number

Intended major (check one): ___ Biology, ___ Chemistry, ___ Math, ___ Physics

Courses taken at College of Staten Island:

High school attended: (name and city) _____

Last 4 digits of your Social Security Number _____

*What is your current citizenship or immigration status:

Citizen of the U.S.? ___ Yes ___ No If no, what country? _____

U.S. permanent resident? ___ Yes ___ No

*Citizenship status and alienage are used to determine eligibility for available financial aid programs.

Name _____

A. List any summer institutes or special program you participated in during high school and currently

B. List any paid or volunteer jobs you have held during high school or in college.

Employer Name Type of Work Employment Dates Hours per Week

C. List any special talents/interests and honors or awards received in high school and college.

D. List extracurricular activities (sports, clubs, band, yearbook, etc) and community/volunteer activities in high school and college.

Activity name Dates of Participation Offices Held

Name _____

Personal Statements

The Teacher Academy seeks students who are interested in teaching mathematics or science as a profession. Help us identify your experience and strengths in both teaching and in the subjects of mathematics and science by answering the questions below in the space allocated on this page and the next page. Your answers to these essays must be typed.

Essay 1. *Meaningful Activity.*

In 250 words or less, please describe one activity (extracurricular, personal or work-related) that has been most meaningful to you in terms of your intellectual and leadership development.

Name _____

Essay 2. ***Becoming a Teacher***

In 500 words or less, explain why you would like to be a teacher. Describe the moment you realized you wanted to become a teacher. Tell us what you would do differently from teachers you have known. Tell us what you would emulate from teachers who have inspired you.

ALL APPLICANTS MUST SIGN HERE

I understand that, with this application, I am applying to the Teacher Academy at College of Staten Island. I hereby certify that all the information in this application is accurate and complete. I realize that failure to file all requested information may affect my admission status. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only.

Applicant's Signature Date

Send the completed supplementary application to:

**Teacher Academy at College of Staten Island
Attention: Dr. Jane Coffee Office 1S-215
College of Staten Island
2800 Victory Blvd
Staten Island, NY 10314**

SEE NEXT TWO PAGES FOR RECOMMENDATION FORMS – at least one must be from a **math or science teacher**. Ask the teacher to give it to you in a sealed envelope so that you can send it to College of Staten Island with the rest of your Supplementary Application materials.

**Supplementary Application for Current CSI Students
To the Teacher Academy at College of Staten Island**

RECOMMENDATION FORM

To the Applicant: Please complete the top portion of this recommendation form and give it to your teacher for a recommendation. A recommendation printed on school stationary is also acceptable but must be attached to this form.

Postmark deadline is February 15 for submission of a completed College of Staten Island Supplementary Application including the letters of recommendation, the essays, and the supplementary questionnaire.

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby _____ do _____ do not waive my right to examine the contents of this reference form. I understand that by waiving my right I do so under the condition that the reference form is used solely for the purpose for which it is intended.

To the Teacher/Professor: This individual is applying for admission to the Teacher Academy at College of Staten Island. Your comments are important to the selection process. Please return the recommendation form to the applicant in a sealed envelope with your signature written on the sealed flap of the envelope.

Name (print) _____

Signature _____

Subject(s) taught _____

Telephone _____ E-mail _____

School _____

Address _____

How long have you known this student? _____

In what capacity have you known this student? _____

Please comment on why you think this student would be an effective math or science educator in a New York City public middle school or high school. Please write your recommendation on a separate sheet of paper (school stationary) and attach this page as a cover sheet.

**Supplementary Application for Current CSI Students
To the Teacher Academy at College of Staten Island**

RECOMMENDATION FORM

To the Applicant: Please complete the top portion of this recommendation form and give the form to your teacher for a recommendation. A recommendation printed on school stationary is also acceptable but must be attached to this form.

Postmark deadline is February 15 for submission of a completed College of Staten Island Supplementary Application including the letters of recommendation, the essays, and the supplementary questionnaire.

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby _____ do _____ do not waive my right to examine the contents of this reference form. I understand that by waiving my right I do so under the condition that the reference form is used solely for the purpose for which it is intended.

To the Teacher/Professor: This individual is applying for admission to the Teacher Academy at College of Staten Island. Your comments are important to the selection process. Please return the recommendation form to the applicant in a sealed envelope with your signature written on the sealed flap of the envelope.

Name (print) _____

Signature _____

Subject(s) taught _____

Telephone _____ E-mail _____

School _____

Address _____

How long have you known this student? _____

In what capacity have you known this student? _____

Please comment on why you think this student would be an effective math or science educator in a New York City public middle school or high school. Please write your recommendation on a separate sheet of paper (school stationary) and attach this page as a cover sheet.