



BEST Science!

BIOSCIENCE ENRICHMENT FOR STUDENTS AND TEACHERS

OCHSNER CLINIC FOUNDATION • NEW ORLEANS, LA

Professional Development Workshop for Teachers APPLICATION

Complete application must be received by Friday, March 15, 2013, 4:00pm

Applications should be faxed or emailed by the due date. Please do not mail the application.

Before you begin, please review the following application directions and program information.

Important Dates (*for more information on these events, please call Academic Outreach at 504-842-3237*)

Wednesday, March 15th, 4:00pm

Full application packets due to the Academic Outreach Office

Friday, June 7th, 11:00am-1:00pm

Teacher Workshop Orientation

Monday June 10th – Friday, June 14th

2013 Workshop; Monday through Friday, 8:00am – 4:00pm

Application Submission Instructions

- Applicants must submit all application contents at one time. Individual parts will not be accepted separately.
- The application must be completed in full. Applications with unanswered questions will be considered incomplete.
- Applications should be submitted by fax or e-mail only.

Submission information:

Fax Number: (504) 842-3254, Attn: BESTScience!

E-mail Address: ASharai@ochsner.org

Program Information and Requirements

- Participant Teachers will be paid up to \$900 after completing all steps of BESTScience! broken down as follows:
 1. Complete attendance at the BESTScience Summer Teacher Workshop, teacher will receive \$600
 2. Classroom implementation of the curriculum using the Lab2Go Kits, teacher will receive \$150
 3. Completion of Full Program Evaluation, teacher will receive \$150
- 16 Teachers will be selected to participate.
- Workshop Curriculum and Lab2Go Kits are focused for High School Biology courses.

Contact Information:

BESTScience! Program Administrator

Allison F. Sharai 504-842-5321 ASharai@ochsner.org

SEPA SCIENCE EDUCATION
PARTNERSHIP AWARD

Supported by the National Institutes of Health



EMERGENCY CONTACT INFORMATION

Name: _____
 Relationship to Applicant: _____
 Primary Phone: (_____) _____ - _____ Secondary Phone: (_____) _____ - _____
 Work Phone: (_____) _____ - _____ Place of Employment: _____

SHORT ANSWER

1. What are your learning goals in regards to this program? What do you expect/hope to learn?

APPROVAL & COMMITMENT

Principal Approval

I, _____ agree to support _____'s
Principal Name Teacher Name
 workshop attendance, implementation of learning modules in the classroom and full completion of program evaluation.

 Principals Signature Date

Teacher Commitment

By signing below, I pledge my full commitment to the BESTScience! Program including; full attendance to the summer workshop, classroom implementation of learning modules and full completion of program evaluation.

 Teacher Signature Date