

# APPLICATION FORM for the AP<sup>®</sup> INSTITUTION GRANT

Iowa Online AP Academy (IOAPA), Summer 2019

All information must be completed before the application can be processed. **You must also register for the workshop.** To register go to [www.belinblank.org/aptti](http://www.belinblank.org/aptti). **You must complete this application by June 1, 2019 in order for your APTTI registration to be finalized. Those who do not complete the application by June 1, 2019 will be charged the full registration fee; failure to pay the fee at that time will cause your APTTI registration to be revoked.**

## Part 1 Applicant Information

Full Name \_\_\_\_\_

First

Middle

Last

Iowa Folder # \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Home Phone

Middle/High School Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area School Phone

Is your school registered with the Iowa Online AP Academy (IOAPA)? No \_\_\_ Yes \_\_\_

## Part 2 Eligibility and Requirements:

✦ I certify that I am currently an Iowa-licensed teacher in an accredited public or private middle school or high school in Iowa.

✦ I have received the IOAPA Institution APTTI Grant before No \_\_\_ Yes \_\_\_ If Yes, what year \_\_\_\_\_

✦ I also certify that the cost for the APTTI workshop is not being funded by another outside source (e.g., school, another grant). I understand outside sources will not be reimbursed through the IOAPA grant. I completed the online registration form and plan to attend the following 2019 AP Teacher Training Institute workshop and would like to apply for this Institution grant. (See the 2019 APTTI schedule for course listings.)

\_\_\_\_\_  
Name of Workshop

✦ I understand that the IOAPA Institution Grant will cover \$450 of the cost of the workshop and material (up to \$600) for this 2019 APTTI workshop upon completion. If I receive an IOAPA Institution Grant, I understand that I am responsible for the remainder of the workshop fees, the cost of optional AP materials not included in the original materials for the APTTI workshop, plus travel, room, and board. **I further understand that if I choose to enroll for graduate credit, I am responsible for the additional cost of graduate credit; this credit is not covered by the IOAPA Institution Grant.**

\_\_\_\_\_  
Teacher's Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Principal's Signature \_\_\_\_\_ Date

Deadline- June 1, 2019. Complete and return this grant application with the registration form to:

**Lori Hudson, IOAPA - AP Institution Grant, Belin-Blank Center**  
**600 BHC, University of Iowa, Iowa City, IA 52242-0454; Fax: (319) 335-5151; Email: [aptti@belinblank.org](mailto:aptti@belinblank.org)**