

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

All information must be completed before the application can be processed. You must be registered for an APSI session. To register go to [www.belinblank.org/apsi](http://www.belinblank.org/apsi). **You must complete this application by the deadline date. It is found on the APSI information website.** Applications received after said deadline date will be charged the full registration fee. Please note the date final payment MUST be made to avoid the late registration rate. The APSI Grant cannot be applied to college credit and/or Iowa Licensure Renewal Units.

## Part 1 Applicant Information

Iowa Folder # \_\_\_\_\_

Name \_\_\_\_\_

Preferred Pronouns (optional) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_, IA Zip Code \_\_\_\_\_

Contact Phone Number (\_\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_

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

School Phone (\_\_\_\_\_) \_\_\_\_\_

Is your school registered with the Iowa Online AP Academy (IOAPA)? Circle One: **Yes** **No**

## 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 APSI Grant before Yes\_\_\_ No\_\_\_ If Yes, which year \_\_\_\_\_

✦ I also certify that the cost for the APSI workshop is not being funded by a school district or any another outside funding source. Outside sources will not be reimbursed through the APSI Grant. I completed the on-line registration form and plan to attend the following APSI session and would like to apply for the APSI Grant. See our APSI website for the session listings.

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

✦ I understand that the APSI Grant will cover \$500 toward the registration cost of the APSI session. If I receive an APSI Grant, I understand that I am responsible for the remainder of the costs of the APSI session (e.g., balance of registration fees, optional AP materials, college credit/licensure, travel, lodging, and meals).

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Complete and return the APSI Grant application with the registration form to:

**Dominic Balestrieri-Fox, AP Summer Institute Grant, Belin-Blank Center  
600 BHC, University of Iowa, Iowa City, IA 52242-0454; Fax: (319) 335-5151; Email: [apsi@belinblank.org](mailto:apsi@belinblank.org)**