

COOPER HEWITT EDUCATION

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COOPER HEWITT EDUCATORS ACADEMY NEW YORK 2019

2019 APPLICATION

Applicant Information

First Name _____ Middle Name _____ Last Name _____

City/Town _____ State _____ Zip Code _____

Best phone number to reach you (____) _____

E-mail _____

PLEASE PROVIDE AN E-MAIL ADDRESS THAT YOU CHECK REGULARLY THROUGHOUT THE YEAR, INCLUDING SUMMER, AS THIS IS OUR PRIMARY MODE OF COMMUNICATION WITH YOU.

Estimated number of students you reach per year _____

Years of education experience _____ Years of experience in current organization _____

Grade level(s) you teach _____ Subject(s) you teach: _____

If you are applying with a partner colleague(s), please list: _____

Organization Information

Organization Name _____

City/Town _____ State _____ Zip Code _____

Organization Website _____

Type of Organization:

Public Public Magnet Private Parochial Charter College Nonprofit

% of Students Receiving Free/Reduced Lunch _____%

How did you hear about this program?

Cooper Hewitt website NAEA Email Word of Mouth Other: Please specify _____

