UC Davis C-STEM Center
Annual C-STEM Affiliate Application Form 2017/2018

Type of C-STEM Affiliate: ☐ District ☐ County Office of Education

A. General Information					
Organization Name					
County Name					
Mailing Address					
City		State		Zip code	
website		Tel		Fax	

Role:	Name:	Email:	Phone #:
Superintendent			
IT Contact			
CTE Coordinator			
Secondary Coordinator			
Elementary Coordinator			
Legal Document Signatory			
Primary Finance Contact			
Affiliate Lead Contact			
Start and End Dates of Academic year			
Total # of current C-STEM Schools in region/district			
Total # of prospective C-STEM Schools in region/district			

B. Training Location	
Main Location for Trainings	
Training room participant capacity	
# of computers available to participants	
Predominant Operating System	

C. Prospective Trainings			
Training Type	**# of potential trainings held in calendar year**	**Prospective Dates**	**Prospective Location (put ML if using location specified above)**
Topic			
Focus Book			
Topic			
Focus Book			
Topic			
Focus Book			
Topic			
Focus Book			

D. Potential Affiliate Trainers (use more pages as necessary)			
Name			
Email			
Phone #			
M/F			
Ethnicity			
Credentials Held			
Years of teaching experience			
Date Location of C-STEM Training for Teachers			
Date / Location of C-STEM Training for Trainers			
Must have one or more of the following:			
A. Years teaching C-STEM			
B. Years teaching C, C++, or Java			
C. C, C++, Java Course / College (with passing grade)			

E. Plan to support training participants past the initial training

F. Funding sources and allocations to support the Affiliate Program