

**URBAN IMPACT**

*A Title II Teacher Quality Enhancement Grant  
Funded by the U.S. Department of Education*

**URBAN SPECIALIST PROGRAM  
Application**

*Please print or type. If you need additional space to answer any of the questions, attach a separate sheet to this form.*

**Contact Information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Current Teaching Assignment**

School \_\_\_\_\_ Grade level/subject area \_\_\_\_\_

Number of years at current school \_\_\_\_\_ Total years of teaching experience \_\_\_\_\_

Previous teaching assignments \_\_\_\_\_

School telephone (\_\_\_\_) \_\_\_\_\_ School fax (\_\_\_\_) \_\_\_\_\_

**Educational Background**

List degrees you attained and other significant postsecondary educational experiences.

Institution	Program (Degrees or Credits Earned)	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Leadership Roles, Honors, Awards**

(e.g., School, School System, Professional Organizations)

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

**Why are you interested in pursuing the URBAN SPECIALIST Certificate?**

**What do you envision as benefits of participating in the URBAN SPECIALIST program to you, your students, your colleagues, and your school?**

**The goal of the URBAN SPECIALIST program is to develop a cadre of teacher leaders within Knox County to support teachers new to urban schools. What strengths do you feel you bring to this program?**

**The coursework will involve a Summer Institute, Friday/Saturday workshops every other month throughout the school year, and monthly cohort meetings after school. Class sessions and assignments will fulfill the requirements for UT's six credit hours to be awarded for successful completion of the coursework. Tuition will be paid by URBAN IMPACT.**

**Will you be able to attend the sessions on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "No," please explain.**

**Do you have regular access to the Internet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "No," please explain.**

**Please attach a letter of recommendation and return by March 31, 2004 to:**

**URBAN IMPACT  
421 Claxton Complex  
The University of Tennessee  
Knoxville, TN 37996-3400**

**For additional information, contact  
Dr. Cheryl Kershaw, Director  
(865) 974-0502 or 974-6638  
[Ckershaw@utk.edu](mailto:Ckershaw@utk.edu)**

**Website: <http://www.outreach.utk.edu/urban>**