

Bay City Independent School District

"Grow Our Own" Master's Program

APPLICATION PACKET

Carefully read all "Grow Our Own" Master's Program Overview of Program information before completing the application packet. Include this page as a cover sheet in your application packet and return to:

Lisa Volkmer
Chief HR Officer
Bay City ISD
"Grow Our Own" Master's Program
520 7th Street
Bay City, Texas 77414

APPLICANT NAME _____

APPLICATION DATE _____

CHECK ALL ITEMS ENCLOSED

_____ Completed Application

Section A – General Information

Section B – Essay

Section C – Short Answer

_____ Principal Recommendation

_____ Statement of Commitment and Intent

Incomplete applications will not be processed.

NONDISCRIMINATION STATEMENT

The Bay City Independent School District does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

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APPLICATION PACKET – Section A

NAME _____

Last

First

Middle

TELEPHONE # _____ CELL # _____

PRESENT ADDRESS _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON

NAME _____

ADDRESS _____

PHONE _____

UNIVERSITY YOU PLAN TO ATTEND _____

MAJOR _____

CURRENT CAMPUS _____

CURRENT CAMPUS ASSIGNMENT _____

YEARS AT THAT ASSIGNMENT _____

Signature of Applicant

Date

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APPLICATION PACKET – Section B

Essay

Write a brief essay describing :

- Why you should be accepted into the “Grow Our Own” Master’s Program.

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APPLICATION PACKET—Section C

Short Answer

Describe your experience in working with Gifted and Talented students.

List the subject area/s that you are most interested in teaching Dual Credit.