Summer Learning Institute 2017



Working Out of The Principles Of Waldorf Education for K-8 Educators



ENROLLMENT APPLICATION

Name Birth Date				
Address	City	State	Zip	
Home Phone	Cell Phone			
Email	I Identify my	I Identify my gender as		
Emergency Contact				
Name	Relationship	Phone		
Educational Background Name and Location of College/Univ	icating work experience, education, versity, Dates of Enrollment, Major, I	Degree(s) Earned, and G	Graduation Date.	
4				
	ion Year			
Other Previous Education (Study, C	Conferences, Professional Developme	ent)		
Have you taken Foundation Studies	s courses? Yes No			

Biographical Statement

- 1. Give us a sense of who you are in one page or less. Please include how you came to be interested in Waldorf Education, your involvement with children, and why you wish to participate in this program.
- 2. State your educational objective in one paragraph. Specify whether you are seeking a master's degree and if you intend to complete the full four-year program. Share your plans or intentions for the future. How do these course offerings relate to your occupational and personal goals? Why do you feel you need a Waldorf teaching certificate?

Other documentation to be submitted with your application:

• If you have credits from another Waldorf institute that you would like to transfer, you will need to complete a Transfer Credit Review process once you've been accepted.

Courses Applying For

Each Week Intensive is \$650, with a \$50 supply fee. If you would like lunch it is \$35 for the week and we can accommodate any dietary restrictions.

If you would like to take the courses for graduate credit from the University of Wisconsin Stevens Point please contact the TRCCS office for details.

Teaching Integrated Mathematics: Head, Hands and Heart: Y	'es No Price: \$650 + \$50 (supply) =
Special Education for Public Waldorf: The Extra Lesson: Yes _	No Price: \$650 + \$50 (supply) =
Lunch Week #1: Lunch Week #2	Quantity: x Price: \$35 =
Dietary Restrictions:	
	Total Due:
Please make checks	s out to <u>TRCCS</u> or contact the TRCCS office to use a Co
I certify that all the responses on this application are comple understand that falsifying any part of this application may re	
Your signature	Date

Please mail this form and payment to the Tomorrow River Community Charter School: 10186 County Road MM, Amherst

Junction, WI 54407 or email it to info@trccs.org