STEM Scale Up Program Application
Test Program

Applicant First Name:
First

Applicant Last Name:
Last

City:

Applicant STEM Region:

Applicant Organization/School Building:

Applicant Title in Organization/School:

Applicant Organization/School Address:

Applicant Organization/School Address 2:

County:

Zip Code:

Applicant Phone Number (with area code):

Applicant Summer Phone Number (with area code):

Applicant School/Organization Email: applicant@email.edu

Confirm Applicant School/Organization Email: applicant@email.edu

Is your shipping address for STEM Scale-Up Program materials and equipment different from above?

Applicant's Lead Administrator First Name:

Applicant's Lead Administrator Last Name:

Applicant's Lead Administrator Email:

Applicant's Lead Administrator Phone Number:

Applicant's Institution Business Manager First Name:

Applicant's Institution Business Manager Last Name:

Applicant's Institution Business Manager Email:

Applicant's Institution Business Manager Phone Number:

Educators Implementing and Attending Required Professional Development:

Educator 1 Information

First Name:
Last Name:
Email:
Position Title:
Grade Level(s):

1. Who are your intended participants?
Grade Levels:

2. Will this program be implemented in school or out of school or both?

3. How many classrooms, sections or groups will the program be implemented in?

4. Estimated number of youth who will participate:

5. Based on estimated youth participating, what percentage of youth are on free/reduced lunch? (round to nearest whole number) (please refer to http://reports.educateiowa.gov/ for guidance of free/reduced lunch by Iowa Schools. Any questions about this report, please email them to info@iowastem.gov):

6. Based on estimated youth participating, what percentage of students impacted will be female? (round to nearest whole number)

7. Based on estimated youth participating, what percentage of students impacted will be non-white? (round to nearest whole number)

8. If applying for more than one STEM Scale-Up Program, please rank preference for this program (e.g. 1st of 3, 2nd of 2):

9. After reading the "What is Required" section of the program's one-pager, describe how you envision fulfilling the expectations of this program in the context of your learning environment, how your plan fulfills the program expectations, and how this program fits your school/organization's long term plans for STEM? (300 word limit):

10. Given that the STEM Scale-Up Program of the Iowa Governor's STEM Advisory Council is intended to "seed" or start programs (not sustain), what are your school/organization's plans to sustain this program in future years in terms of costs for consumables, licensing, training, leadership advocacy, etc.? (300 word limit):

11. The STEM Council established the priority to reach children of high need and/or under-representation (specifically ethnic/racial minority, gender distribution,

free or reduced lunch, special needs and low STEM test scores). Please describe the barriers in your community which restrict participation of these under-represented groups in STEM programming. How will you address those barriers to involve these subpopulations? (300 word limit):

12. Additional Comments (In this area, please share with us any special circumstances or information specific to your organization that would be pertinent for us to consider):