

SOUTHERN OREGON UNIVERSITY

SOUTHERN OREGON TEACHERS FOR ENGLISH LANGUAGE DEVELOPMENT (SOTELD) GRANT PROGRAM

PRESERVICE TEACHERS

APPLICATION INSTRUCTIONS:

Prior to submitting the application packet, verify that the following items are included by placing an "X" in the appropriate place.

- _____ Part A: Participant Information
- _____ Part B: Teacher Questionnaire (by applicant)
- _____ Part C: References
- _____ Part D: Essay

Submit completed applications to:

Southern Oregon Teachers for English Language Development (SOTELD) Grant Program

Southern Oregon University
Department of Education
1250 Siskiyou Boulevard
Ashland, Oregon 97520

Application Deadline

Monday, May 19, 2008

Postmarked on or before 5/19/2008

For information contact Shantrin Lininger

liningers@sou.edu

541 552-6919

SOTELD GRANT APPLICATION

PRESERVICE TEACHERS

REQUIREMENTS:

- ✓ Acceptance in Southern Oregon University School of Education Initial Licensure Program, MAT or SPED, full-time or part-time programs.
- ✓ Upon completion of the MAT or SPED programs, you will be expected to serve by working in a school with a recognized English Language Learner (ELL) population in Jackson, Josephine, or Klamath Counties. You also will be expected to complete the ESOL/Bilingual Endorsement within 2 years of acceptance into the program.

PART A: PARTICIPANT INFORMATION

Name: _____	
Last	First
Middle	Former
SS#: _____	
Mailing Address: _____	
Permanent Address: _____	
Home Phone Number: _____	E-mail Address: _____
Endorsement level and area _____	
Gender _____	Ethnicity _____
Your first language _____	Your second language _____
Please describe your abilities in Spanish. Check all statements that apply:	
1. I do <u>not</u> speak Spanish.	4. I can write at a high school level or above in Spanish.
2. I am a native Spanish speaker.	5. I can read at a high school level or above in Spanish.
3. I am a non-native Spanish speaker.	6. I would be comfortable teaching in Spanish.
ACTFL or other language proficiency exam scores (if taken) _____	
Exam name	Scores

⇒ **If selected to participate in the SOTELD Grant Program, I commit to completing the MAT** ⇐
Program. I also agree to complete the ESOL/Bilingual Endorsement Program within 2 years of acceptance into the grant program.

Participant Signature _____

PART B – PRE-SERVICE TEACHER QUESTIONNAIRE

Please use the back of this sheet if necessary.

Why would you like to participate in the SOTELD Grant Program, and what do you hope to gain from your participation?

Please describe your experience with English Language Learners in an educational setting.

Are you bilingual? _____ If so, what language(s) do you speak?

In what languages do you read and write?

Do you consider yourself bicultural? _____ If so, please explain:

How do you see yourself serving ELL and migrant students in this region over the next five to ten years?

Which courses have you already completed within the ESOL endorsement program?

PART C - References

PLEASE LIST TWO PROFESSIONAL REFERENCES--AT LEAST ONE OF WHOM CAN SPEAK TO YOUR EXPERIENCE WITH ENGLISH LANGUAGE LEARNERS IN AN EDUCATIONAL SETTING.

1. _____
NAME TITLE PHONE EMAIL

2. _____
NAME TITLE PHONE EMAIL

PART D – ESSAY

No more than 500 words.

Explain your beliefs and understandings regarding teaching English Language Learners. Please include an explanation of your commitment to serving these students.