



SANTA FE COMMUNITY COLLEGE
TESOL ENDORSEMENT PROGRAM
in Partnership with Santa Fe Public Schools

APPLICATION PACKET

*The complete TESOL Endorsement Program Application packet must be submitted to **Bethany Muller** in the School of Education.*

Bethany Muller, Ph.D.
Teacher Education
6401 Richards Avenue
Santa Fe, NM 87508-4887

TEACHER ACADEMY—TESOL Endorsement Program
in Partnership with
Santa Fe Public Schools

APPLICATION CHECKLIST

- Submit an application for admission to Santa Fe Community College, *only if you have never taken classes at SFCC before*. The application can be accessed online at www.sfcc.edu (click on “online registration”). You may also enroll by clicking on the **JACK** icon, click “First Time at SFCC” and complete as instructed. If you have enrolled in courses at SFCC before, you will include your “A number” on the TESOL application. **Note:** Be sure to fill out this application as a credit student and **not** a continuing education student.
 - a. Once you have applied to SFCC, you will be assigned an “A number” (*SFCC student ID number*). You **will need** this ID number to fill out your TESOL application and for course registration.

- Complete a ***TESOL Endorsement Program Application***

- A copy of your Teaching License (level one or higher)

- Signed Consent Form Disclosure Statement

- TESOL Scholarship Application Form (to receive your reimbursement checks and stipends)

- Include this cover page, with your signature and date, indicating that the application is complete.

I, _____ (*your name*) _____, have completed the TESOL application. I understand that upon successful completion of the TESOL coursework, I will earn a TESOL endorsement on my teaching license. If I do not complete the program or fail to make satisfactory academic progress, I understand that I will be liable for the full cost of tuition and books.

Signature

Date

(19) Have you applied to the Santa Fe Community College Teacher Academy before?

Yes No

(a) If yes, what was the date?

(b) If yes, were you accepted, and to what program? Did you complete the program?

(c) If yes and you did not complete the program, what was the reason?

(20) Describe your philosophy of learning and teaching.

(21) Why are you seeking a TESOL Endorsement?

(22) Describe an intercultural experience you had or witnessed (e.g. traveling in a different country, watching two people from two different cultures interact). What did this teach you about intercultural communication?

(23) Consider a teaching situation with an English Language Learner that you had or witnessed. Describe the situation and what you learned from it.

(24)

The following information is for reporting use only to provide statistical information requested by various State and Federal agencies:

Ethnic Background: Circle one (*optional*)

01 White (non Hispanic)

02 African American (non Hispanic)

03 Hispanic

04 Asian, Pacific Islander, Oriental American

05 Native American or Alaskan Native

**SANTA FE COMMUNITY COLLEGE TEACHER ACADEMY
TESOL ENDORSEMENT PROGRAM**

CONSENT BY STUDENT FOR DISCLOSURE OF ACADEMIC INFORMATION

I _____, hereby authorize Santa Fe Community College (SFCC) and the TESOL program staff to provide any information regarding my participation and/or progress in the SFCC TESOL program to (check all that apply):

The school district (s) listed below:

NM Public Education Department Licensure Unit for purposes of licensure/endorsement

This information may include, but is not be limited to: name, social security number, student ID number, address, home telephone, work telephone, cellular, facsimile transmission, email address, NMTA test score results, course schedule/registration, program enrollment/admissions status and information, transcript, payment authorization for third party payment by my employer, and details of progress through the Teacher Academy Program.

This consent will expire six months after my completion of or withdrawal from the TESOL program, termination of my employment with the employer identified above, or upon my written notification to SFCC of termination and withdrawal of consent. I agree to notify the SFCC TESOL program Director of termination of employment and termination of consent.

CANDIDATE NAME: _____
(print full name, including any former names)

SSN: _____ **A#:** _____ **DOB:** _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

SANTA FE COMMUNITY COLLEGE TEACHER ACADEMY TESOL ENDORSEMENT PROGRAM

TESOL SCHOLARSHIP APPLICATION

The TESOL scholarship program is designed to provide financial support to Santa Fe Public School teachers who demonstrate commitment to completing the Santa Fe Community College, TESOL Endorsement Program. *The scholarship covers tuition, fees and books.* Scholarships are made possible through a U.S. Department of Education Title III grant.

There are a limited amount of scholarships available. Criteria include:

- Full-time employment as a teacher or administrator
- Completing the endorsement program with a 3.0 GPA or higher
- No outstanding TESOL materials (magazines, library books, classroom supplies or equipment)
- Completing of all course, instructor, and program evaluations including an exit interview
- Recommendation of the instructor
- Adequate funding
- Successful obtainment of TESOL endorsement from PED

Application Form

TO STUDENT: Please complete the following information based on the current school year. All applicants must be licensed teachers (level-one or above) in the Santa Fe Public School District to be eligible. Be sure to verify that the applicant's principal has properly and fully completed the bottom portion of this form. NO APPLICATION WILL BE PROCESSED WITHOUT APPLICANT RESUME ATTACHED.				
Last Name, First Name, Middle Initial		SFCC A# (Student ID Number)		Date
Employer/School Street Address	City, State, Zip	Your SFPS E-mail Address	School Phone (Area Code)	
Home Street Address	City, State, Zip	Home E-mail Address	Home Phone (Area Code)	
US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black <input type="checkbox"/> American/Alaskan <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native <input type="checkbox"/> Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Institution of highest degree earned	Cumulative GPA	Highest Degree Earned BA/BS MA/MS PhD	Major Field of Study	Licensure Level
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Are you fluent in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?				
How long have you studied this language?				
Program Interests (Briefly describe your interest in the TESOL Endorsement Program and what you hope to get out of it. Feel free to use the back of this form.)				
Current Teaching Position: _____				
Grade Level: <input type="checkbox"/> K-8 <input type="checkbox"/> 7-12 Content Area Endorsements: _____				
APPLICANT'S SIGNATURE _____		DATE _____		
My signature above indicates that I authorize school officials to release the below information to Santa Fe Community College, Teacher Academy for inclusion in my application for the TESOL Scholarship.				
SFPS Principal (Current School Administrator):				
<input type="checkbox"/> Applicant is employed as a licensed teacher for the current school year _____.				
Print name: _____		Title: _____		Date: _____
Telephone: _____		Fax: _____		
Note: Contact persons above must be authorized to release student information.				