**Application MS Word Version**  
Submit application information online at [www.aacc.nche.edu/STEMSummit](http://www.aacc.nche.edu/STEMSummit)

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| **Equity and Inclusion STEM Thought Leaders’ Summit and Advanced Technological Education (ATE) Conference Opportunity**  **Request for College Applications Application Deadline: Monday, August 20, 2018, 5:00 p.m. Pacific Time** |

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| 1. Institution |
| |  |  |  | | --- | --- | --- | | Institution Name: | |  | | --- | |  | | | City: | |  | | --- | |  | | | State: | |  | | --- | |  | | |

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| 2. Is your college officially designated as any of the following? (Check all that apply) |
| *Select all that apply.* |
| |  |  | | --- | --- | |  | Historically Black Colleges and Universities | |  | Predominately Black Institution | |  | Hispanic-Serving Institution | |  | Tribal College | |  | Alaska Native-Serving Institution | |  | Native Hawaiian-Serving Institution | |  | Asian American and Native American Pacific Islander-Serving Institution | |  | Native American-Serving Nontribal Institution | |  | Appalachian | |  | Rural | |  | None of the above | |

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| 3. Faculty Member Contact Information |
| |  |  |  | | --- | --- | --- | | First Name: | |  | | --- | |  | | | Last Name: | |  | | --- | |  | | | Title: | |  | | --- | |  | | | Address: | |  | | --- | |  | | | City, State, Zip: | |  | | --- | |  | | | Phone: | |  | | --- | |  | | | Email: | |  | | --- | |  | | |

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| 4. Administrator Team Member Contact Information |
| |  |  |  | | --- | --- | --- | | First Name: | |  | | --- | |  | | | Last Name: | |  | | --- | |  | | | Title: | |  | | --- | |  | | | Address: | |  | | --- | |  | | | City, State, Zip: | |  | | --- | |  | | | Phone: | |  | | --- | |  | | | Email: | |  | | --- | |  | | |

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| 5. College STEM Program Area of Focus |
| *Select one.* |
| |  |  | | --- | --- | |  | Agriculture, Environment and Natural Resources | |  | Biotechnology | |  | Chemical Processing and Refining Technology | |  | Energy Production and Energy Efficiency | |  | Engineering Technology | |  | Geospatial Technology | |  | Information and Communication Technology | |  | Information Assurance, Secure Logistics, and Forensics | |  | Manufacturing Technology | |  | Micro and Nanotechnologies | |  | Teacher Preparation | |

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| 6. Has your institution ever received a National Science Foundation Advanced Technological Education (ATE) grant? |
| *Select one.* |
| |  |  | | --- | --- | |  | Yes | |  | No | |

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| 7. If yes, please indicate when your institution received a National Science Foundation Advanced Technological Education (ATE) grant. |
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| 8. Please provide three main challenges your college is facing in its STEM program development, improvement, and/or implementation efforts. (350 words or less) |
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| 9. What information about promising practices and strategies from other colleges and the ATE community would assist your college in addressing challenges in STEM program development, improvement and/or implementation efforts? (350 words or less) |
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| 10. Identify any activities and outcomes the college hopes to undertake as a result of participating in the STEM Thought Leaders’ Summit and ATE Conference. (350 words or less) |
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| 11. Faculty Biography. Provide a short professional bio (150 words or less). |
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| 12. Faculty Statement of Interest (150 words or less). Describe your personal and professional interest in broadening equity and access in STEM technician education, learning more about the NSF ATE program, and participating in the STEM Thought Leaders’ Summit and ATE Conference. |
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| 13. Administrator Biography. Provide a short professional bio (150 words or less). |
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| 14. Administrator Statement of Interest (150 words or less). Describe your personal and professional interest in broadening equity and access in STEM technician education, learning more about the NSF ATE program, and participating in the STEM Thought Leaders’ Summit and ATE Conference. |
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| Faculty Certification |

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| 15. Faculty Member Name |
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| By checking this box below, I agree to fulfill the requirements of participating in the STEM Thought Leaders’ Summit and ATE Conference as outlined in the Request for Applications. I affirm that the name typed above represents my official signature and that all information provided is complete and accurate. |

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| I certify that the information submitted in this application is true. |
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| Submission Date |
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| 16. Administrator Name |
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| By checking this box below, I agree to fulfill the requirements of participating in the STEM Thought Leaders’ Summit and ATE Conference as outlined in the Request for Applications. I affirm that the name typed above represents my official signature and that all information provided is complete and accurate. |

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| I certify that the information submitted in this application is true. |
| |  |  | | --- | --- | |  | Yes | |

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| --- |
| Submission Date |
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| Institutional Certification |

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| The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that the filing of this application has been duly authorized by the institutional leadership and governing body of the applicant and the applicant will comply with the requirement to participate in the event if selected to attend. |

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| By checking the box below I affirm that I have reviewed and approved this application and support the commitment of a two-person team to attend the STEM Thought Leaders’ Summit and ATE Conference, to implementing resources and lessons learned from the event, and to considering future STEM mentoring and/or funding pathways to continue to broaden access to STEM technician education. |

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| 17. President or Chief Academic Officer |
| |  |  |  | | --- | --- | --- | | Name: | |  | | --- | |  | | | Title: | |  | | --- | |  | | | Institution: | |  | | --- | |  | | |

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| I certify that the information submitted in this application is true. |
| |  |  | | --- | --- | |  | Yes | |

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| Submission Date |
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