

2010 AEP WORKSHOPS FOR EDUCATORS APPLICATION

Please indicate the workshop(s) you wish to attend. See listings for specifics to avoid confusion.

Workshop name/date/location _____

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A. Personal data

Name of the local AEP electric utility that serves your school or home. (Priority is given to teachers who live or work within AEP's service territory -- see www.aep.com/about/serviceterritory) _____

Your name _____

E-mail address(es) (facilitates rapid communication) _____

Home address/City/State _____ ZIP _____

Home telephone _____ School telephone _____

School name _____

School address/City/State _____ ZIP _____

Principal _____ School district _____

Mailing address preferred (circle one): Home or School Name or nickname you prefer on nametag _____

Teaching responsibility (circle all that apply): Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

Teaching discipline: Science (list subjects) _____

Social studies (list) _____

Other (list) _____

Years of teaching experience _____ Education _____ Highest degree _____

Granting institution _____ Date granted _____

Ever enrolled at the college/university affiliated with the workshop(s) you have selected? (circle one) Yes No

Currently enrolled at the college/university affiliated with the workshop(s) you have selected? (circle one) Yes No

List the college/university referenced above _____

If college credit is offered at the workshop(s), are you interested in receiving credit? (circle one) Yes No

Have you previously participated in an AEP Workshop? (circle one) Yes No

If yes, which one(s) (repeat attendance at same workshop is discouraged) _____

Optional: Name(s) of family member(s) or friend(s) employed by AEP _____

Do you reside more than 30 miles from the workshop site and wish to apply for mileage reimbursement? Yes No

Do you reside more than 45 miles from the workshop site and wish to apply for lodging and meal reimbursement? Yes No

NOTE: Eligibility for reimbursement and type of reimbursement may vary by workshop. Check the workshop description, or contact the workshop director or AEP if you have any questions.

B. Please attach brief answers to the following to ensure full consideration:

1. Are you currently teaching the subject area related to the workshop you have selected? If so, briefly describe it.
2. Describe your reasons for wanting to attend this workshop.
3. How do you anticipate using workshop information in your teaching?
4. List the in-service training you have received in the last three years. List your previous experiences related to the subject area covered in the workshop you have selected.

C. Please attach a supervisor's letter describing in general terms your ability to implement workshop requirements.

D. Please attach a separate check or money order for EACH workshop registration. See course description for appropriate fee, to whom to make the check payable and other details about registration. Refundable registration fees will be returned upon successful completion of workshop requirements or if your application is not accepted.

Mail or fax your application to be received no later than April 30, 2010:

American Electric Power
Community Relations
1 Riverside Plaza 19th Floor
Columbus, OH 43215
Fax 614-716-2699

Workshop spaces are limited. Workshop participants will be selected by educators and industry representatives. Applications received after the deadline will be considered on a space-available basis. Successful applicants will receive additional information upon acceptance.