

COOPER HEWITT EDUCATION

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NATIONAL DESIGN THINKING WORKSHOP NEW YORK 2019

2019 APPLICATION

Applicant Information

First Name _____ Middle Name _____ Last Name _____

City/Town _____ State _____ Zip Code _____

Best phone number to reach you (____) _____

E-mail _____

PLEASE PROVIDE AN E-MAIL ADDRESS THAT YOU CHECK REGULARLY THROUGHOUT THE YEAR, INCLUDING SUMMER, AS THIS IS OUR PRIMARY MODE OF COMMUNICATION WITH YOU.

Estimated Number of Students You Teach Per Year _____

Years of Teaching Experience _____ Years of Teaching in Current School _____

Grade Level(s) You Teach _____ Subject(s) You Teach _____

If you are applying with a partner colleague(s), please list: _____

School Information

Official School Name _____

City/Town _____ State _____ Zip Code _____

School Website _____

Type of School:

Public Public Magnet Private Parochial Charter

% of Students Receiving Free/Reduced Lunch _____ %

How did you hear about this program?

Cooper Hewitt website NAEA Email Word of Mouth Other: Please specify _____

