



Scottsdale Community College

Scottsdale Teacher Education Partnership (STEP) Post-Baccalaureate Teacher Certification Program

STEP APPLICATION 2010-2011 Cohort

Name

(Last) (First) (Middle)

Social Security Number # _____ Birthdate _____

Address

(Number, Street, Apartment)

(City, State, Zip code)

Telephone

(home) _____ (cell) _____

Email _____

List all schools and educational programs attended beyond high school.

<i>Name of Institution</i>	<i>Dates attended</i>	<i>Degree earned (if any)</i>

Degree granted and date:

What is your cumulative GPA for your undergraduate degree?

9000 East Chaparral Road · Scottsdale Arizona 85256-2626
(480) 423-6206 · FAX: (480) 423-6298

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List the course numbers and names for the Math and Science courses that are listed on your transcript.

What experience do you have working with children?

Please complete the following in your own handwriting on a separate page.

Why do you want to be an elementary school teacher and participate in the Scottsdale Teacher Education Partnership (STEP) program at Scottsdale Community College?

Signature: _____

Date: _____

Submit your application to:

Scottsdale Community College
Attention: Dr. Bobbie Sferra
9000 East Chaparral Road
Scottsdale, AZ 85256-2626

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CONVICTION INFORMATION

Arizona Department of Education shall not issue teacher certification to a person who has been convicted of certain criminal offenses. These offenses, according to state law (A.R.S. Sections 13-3716 and 13-604.01) include, but are not limited to, conviction of, admission of committing, or pending trial for any of the following offenses: any sexual offense involving a minor, abuse of a minor, exploitation of a minor, a dangerous crime against children, exploitation of minors involving drug offenses, misdemeanor offenses involving the possession or use of marijuana or dangerous or narcotic drugs, burglary, assault, robbery, and arson.

Have you been convicted of, admitted committing, or are you awaiting trial for any of the above-listed dangerous crimes?

Yes No

Have you been convicted of, admitted committing, or are you awaiting trial for a felony?

Yes No

I hereby certify that the information presented on this form is true, accurate and complete. I understand that misrepresentation, falsification or omission of pertinent facts is cause for dismissal from the program.

Signature _____

Date _____