

Appalachian Collaborative Center for Learning, Assessment, and Instruction in  
Mathematics (ACCLAIM)

Please Print or Type

Circle Title: Dr., Mr., Mrs., Ms.

Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
INSTITUTION

STREET

CITY STATE ZIP

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET

CITY STATE ZIP

Home Phone: \_\_\_\_\_

Choice of Institution (Please Check One Box):

- Ohio University
- University of Louisville
- University of Kentucky
- University of Tennessee

Educational Background (Check all that apply):

- Masters in Mathematics
- Masters in Education
- Bachelors in Mathematics
- Bachelors in \_\_\_\_\_
- Some graduate mathematics - Number of hours \_\_\_\_\_

Attach a brief essay discussing your commitment to mathematics education in a rural context.

**Mail or EmailTo:**

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