

# Application A.P.P.L.E. 2010 Integrating Technology Into the Curriculum

## Faculty/Staff Position

**Name:**

**Preferred Mailing Address:**

**Employer:**

**Home Telephone:**

**Work Telephone:**

**Home Fax:**

**Work Fax:**

**Primary Email:**

**Secondary Email (optional):**

**Please check the program for which you are applying:**

- ~ Summer Seminars (two weeks: July 11–July 22)
- ~ Dr. Algirdas Grigonis Program (Special Education) (two weeks: July 11–22)
- ~ Dr. Algirdas Grigonis Program (three weeks: July 11–July 29)
- ~ Camp Viltis (two weeks: July 11–July 22)

Is this your first experience with A.P.P.L.E.?

- ~ Yes
- ~ No

Please check one:

- ~ I am a fluent speaker of Lithuanian and I will be teaching in the Lithuanian language.
- ~ I will be teaching in English through an interpreter.

**Special Needs or Requests:** Please identify any food restrictions or allergies. Also if you have a medical condition, please note it in this section. If you require any medication, please travel with it in your carry on luggage.

**Materials:** Please identify any materials you will need for your seminar.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_