

A.P.P.L.E. 2012  
*Building Educational Communities in Our Schools*

**APPLICATION**  
**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: June 25 – July 5)
- Dr. Algirdas Grigonis Program (Special Education) (two weeks: June 25 – July 5)
- Dr. Algirdas Grigonis Program (three weeks: June 25 – July 13)
- Camp Viltis (two weeks: June 25 – July 5)

**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:** \_\_\_\_\_