

**Application Form**  
***Return to Industry or Business Scholarship***  
**To Update Teaching Skills**

**INFORMATION**

1. Applications (mailed or e-mailed) must be received by the PTE Foundation by 5 pm April 15.
2. The scholarship award is typically \$500 reimbursed on receipt of the "Summary of Experience."
3. The recipient will be required to:
  - ∨ Submit a "Summary of Experience" within two weeks of completing the training.
  - ∨ Give a presentation at the next PTE Summer Conference to share information and skills acquired. Recipient must contact the appropriate program manager at the State Division of Professional-Technical Education to make arrangements for the presentation.

**TYPE ALL ANSWERS. PROVIDE A FULL EXPLANATION OF ACRONYMS USED.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_

Teaching Position \_\_\_\_\_ PTE Program \_\_\_\_\_

Name of Business/Industry where update will occur: \_\_\_\_\_

Business Address \_\_\_\_\_  
Street – Location \_\_\_\_\_ City \_\_\_\_\_

Contact Person \_\_\_\_\_

Training Time Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Employed at this business during training? Yes No

**OBJECTIVES FOR TRAINING TO UPDATE SKILLS**

Plan your learning experiences with the business/industry contact person before listing the objectives. Please state/list, in behavioral terms, the learning that will take place during training at the business/industry (use verbs to describe the hands-on learning, such as: perform, apply, develop).

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**DESCRIBE HOW THIS EXPERIENCE WILL BE APPLIED TO STUDENT LEARNING ACTIVITY**

**TO BE COMPLETED BY PRINCIPAL/DEAN/DIRECTOR**

Please provide a statement describing how you envision this experience will be used to strengthen student learning opportunities.

**My signature below indicates all information is true, and confirms my commitment to provide a presentation of my experiences at the PTE Summer Conference.**

\_\_\_\_\_  
Signature of Teacher Applicant

\_\_\_\_\_  
Signature of Principal/Dean/Director

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Send your completed application to:**

Professional-Technical Education Foundation, Inc  
PO Box 1602  
Boise, ID 83701

# Summary of Experience Return to Industry or Business Scholarship

(To be returned within 2 weeks of completion of training experience)

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_

Teaching Position \_\_\_\_\_ PTE Program \_\_\_\_\_

Name of Business/Industry where training occurred: \_\_\_\_\_

Date of Report \_\_\_\_\_

## Include the following information:

1. How did this experience benefit you and strengthen your teaching skills?
2. How will this experience change your classroom presentation?
3. How will this experience benefit your students?
4. Would you recommend this type of experience to others? Why?

## Send your completed Summary of Experience to:

Professional-Technical Education Foundation, Inc.

PO Box 1602

Boise, ID 83701

Or email: [doug@ttsed.com](mailto:doug@ttsed.com)