

9. EDUCATIONAL BACKGROUND:

Institution/Location Degree Received/Expected Date Received/Expected Major/Minor

Current Level or Year of Study _____

10. PROFESSIONAL TEACHING EXPERIENCE (List most recent employment first.):

Institution/Location Position Dates

Current Administrator: _____

Name: _____ Title/Position: _____

No. & Street Address: _____

City/State/Zip _____

Telephone: _____ E-mail: _____

11. OTHER PROFESSIONAL/WORK EXPERIENCE (Include volunteer service):

Employer/Organization/Location Position Dates

12. PLEASE LIST OTHER EXPERIENCE, TRAVEL, AND ACTIVITIES WHICH YOU CONSIDER RELEVANT TO TEACHING ENGLISH IN A FOREIGN COUNTRY:

13. LIST SUGGESTIONS FOR EXTRACURRICULAR ACTIVITIES WHICH YOU WILL ORGANIZE AND LEAD. Teaching Assistants should list activities in which they have experience. (Draw upon your own talents and experiences such as hobbies, interests, travel, and involvement in sports.):

14. FOREIGN LANGUAGE SKILLS. List foreign languages you speak or have studied and briefly describe your current level of proficiency in each. (Polish language is **not** a prerequisite for participation.):

Are you of Polish ancestry? Y or N _____ In what way? _____
(Polish ancestry is not a prerequisite for participation.)

15. LIST HONORS, PUBLICATIONS, AND ACHIEVEMENTS:

16. LIST MEMBERSHIPS/PARTICIPATION/LEADERSHIP IN EDUCATIONAL, CULTURAL, EXTRACURRICULAR, CULTURAL, CIVIC AND OTHER ORGANIZATIONS:

17. WHY DO YOU WANT TO PARTICIPATE IN THE TEACHING ENGLISH IN POLAND PROGRAM?

HOW DID YOU LEARN ABOUT THIS PROGRAM? (Please be specific)

Which level of students would you prefer to work with?

Please Rank: Upper Elem./Middle (age 10-12) _____ Jr. High (age 13-15) _____ Sr. High (16-19) _____

18. WHAT QUALIFICATIONS AND TRAITS DO YOU HAVE THAT ESPECIALLY QUALIFY YOU FOR PARTICIPATION IN THIS PROGRAM?

19. LESSON PLAN

Please develop and submit a lesson plan that you would use in this program. It should focus on an aspect of American life or culture and must include language immersion activities with student interaction. (See PROGRAM DESCRIPTION for suggested topics.) Optional for Student Teachers.

20. LIST THE NAMES, TITLES, AND ADDRESSES OF TWO PROFESSIONALS WHO WILL WRITE LETTERS OF REFERENCE ATTESTING TO YOUR PROFESSIONAL ABILITY, MATURITY, EMOTIONAL STABILITY, PEER RELATIONSHIPS, STAMINA, CHARACTER, RESPONSIBILITY, CREATIVITY, AND ADAPTABILITY. **PLEASE REQUEST THAT THESE CONFIDENTIAL LETTERS OF REFERENCE BE SENT DIRECTLY TO THE KOSCIUSZKO FOUNDATION TEIP PROGRAM.** TEACHING ASSISTANTS MAY REQUEST LETTERS OF REFERENCE FROM TEACHERS, PROFESSORS AND/OR COMMUNITY LEADERS.

Name: _____ Title/Position: _____

No. & Street Address: _____

City/State/Zip: _____

Telephone: _____ E-mail: _____

Name: _____ Title/Position: _____

No. & Street Address: _____

City/State/Zip: _____

Telephone: _____ E-mail: _____

21. PHYSICIAN'S CERTIFICATE (See Physician's Certificate Form.) Your physician must complete and submit the Physician's Certificate regarding your health and medical history. All information must be legible. **You must sign and date the form.**

22. COPY OF TEACHING CERTIFICATION

Please submit a photocopy of your teaching certification(s). If you do not have city, state, or national certification, please submit a letter from an administrator verifying your teaching experience in a private or parochial school, college, or university. This verification may be stated in one of the required letters of reference.

23. TWO PHOTOS (IMPORTANT)

Sign and clip one recent passport-type photographs of yourself to the upper right hand corner of the first page of the original application form and one on the duplicate copy.

24. COMPLETED APPLICATIONS (**to be submitted in duplicate**) are to be postmarked no later than **February 21st, 2009**. Faxed or e-mailed applications will not be considered.

Please mail the **completed** and **signed** application to:

The Kosciuszko Foundation
Teaching English in Poland Program
Christine B. Kuskowski, Director
15 East 65th Street
New York, NY 10065
Tel. Ms. Anna Utecht, Assistant Director, at (212) 734-2130
e-mail: cbkuskowski@thekf.org

Applicant's Signature Date

N.B. Registration fees, acceptance forms, and flight reservation forms are due immediately upon notification of acceptance to the program.

Are you interested in obtaining undergraduate, graduate, or service credit for participation in TEIP?

If you wish to be considered for placement together with another applicant, please indicate below:

**PHYSICIAN'S CERTIFICATE
TEACHING ENGLISH IN POLAND • LANGUAGE IMMERSION PROGRAM • 2009**

TO THE APPLICANT: This form is to be completed by a physician familiar with your health and medical history and on the basis of a recent physical examination. Please fill in Physician's information legibly.

Applicant's Name _____

Physician's Name _____

Physician's Street Address _____

City/State/Zip Code _____

Telephone _____ Fax _____ E-mail: _____

TO THE PHYSICIAN: The person named above is applying for the Summer Teaching English in Poland Program under the auspices of the Kosciuszko Foundation. This program is organized to send American teachers and student assistants to teach English to elementary, middle or high school students in Poland for one month. This is a **rigorous program** in which participants will also engage in extracurricular activities and field trips that require **stamina** and **physical fitness**. The candidate's ability to adapt readily to a new cultural environment and to situations requiring flexibility is important. **We would appreciate your evaluation of the candidate's physical/ mental /emotional health status and your certification that he or she is of sufficiently good health to participate in this program. Please note that it may be impossible to make provisions for a restricted diet or to obtain specialized medical attention. We also wish to be informed of any information that would be relevant in case of an emergency requiring medical treatment/hospitalization. Please return this form directly to the Kosciuszko Foundation. Thank you for your cooperation.**

DOES THE APPLICANT SUFFER FROM OR HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS? IF YES, PLEASE CHECK, **COMMENT SPECIFICALLY/LEGIBLY, AND NAME PRESCRIBED MEDICATIONS TAKEN ON A REGULAR BASIS.**

- Epilepsy Coronary disease/disorder
- Diabetes Hypertension
- Serious drug or food allergies Mental/psychological disorder
- Asthma Physical disability
- Thyroid disorder Drug/alcohol/narcotic addiction
- Gastric or intestinal disorder None of those listed here
- Other _____

____ I CERTIFY THAT THE APPLICANT IS IN GOOD HEALTH, IS PHYSICALLY FIT, AND IS ABLE TO WITHSTAND THE RIGOROUS SCHEDULE OF THE PROGRAM. I FIND NO IMPEDIMENT THAT WOULD PRECLUDE HIS OR HER PARTICIPATION IN THE PROGRAM.

____ FOR MEDICAL REASONS, MY RECOMMENDATION IS THAT THE APPLICANT SHOULD NOT PARTICIPATE IN THE PROGRAM.

Physician's Signature Date

ANY HISTORY OF PHYSICAL OR MENTAL ILLNESS THAT THE APPLICANT WITHHOLDS FROM THE PHYSICIAN MAKES THE APPLICANT WHOLLY RESPONSIBLE FOR THE STATE OF HIS OR HER HEALTH WHILE IN POLAND.

Applicant's Signature Date

Please return to: Teaching English in Poland Program
The Kosciuszko Foundation
15 East 65th Street, New York, NY 10065
Tel. Ms. Anna (212) 734-2130