



V.A.S.T. Collaborative Project Application

BUILDING: _____

DISTRICT: _____

Directions: Please provide names of participating teachers, grade levels and administrator that will be part of this project.

Priority is given to: SINA and “Watch List” schools and High Needs districts.

Elementary Participants <i>(Please PRINT name.)</i>	Grade Level
Participating Administrator (Principal, Curriculum Coordinator, Science Specialist) *	
Names of Team Members:	
1.	
2.	
3.	
4.	
5.	
6.	

Contact Person: _____
Name Telephone Number

Principal’s Signature _____

Please fax this application to Sandra Campie at the Mississippi Bend AEA (563-359-5967) [**Attention: S.Campie**] on/before **Friday, March 24, 2006.**

The Mississippi Bend Area Education Agency does not discriminate on the basis of race, color, creed, gender, marital status, sexual orientation, national origin, religion, age or disability in its educational programs, services or employment practices. Inquiries concerning application of this statement should be addressed to: Tom Wirtz, Equity Coordinator, 729 – 21st Street, Bettendorf, Iowa 52722. Telephone: (563)344-6410.