**Submit completed application to Mindi Kacmarynski, CTA coordinator, (Roe 131K) or via email to** **kacmarynskim@central.edu****. Application deadline is February 5, 2018.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade level you’re interested in (early elementary, upper elementary, middle school, high school), subject area (if middle or high school), and endorsements (if elementary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list current extracurricular activities (including and jobs/volunteering):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CTA Program Requirements for Participants:**

* Attend scheduled meetings and training sessions (minimum of 12 required one-hour sessions per semester)
* Work in CTA mentor’s classroom three hours per week
* Maintain a log of classroom activities and reflective responses
* Attend Pella Community School and Pella Christian Grade School staff development when appropriate

**CTA selection and participation is based on the quality of your essay, the interview process and the availability of placements within the local schools.**

**Application Essay:**

Please submit an essay attached to this application which addresses the following questions:

* Describe why you desire to participate in the CTA program and why you believe you are a qualified candidate for the CTA program.
* What would your professors and/or your most recent boss say about the quality of your work?
* Describe something you have accomplished that demonstrates your ability to identify a problem and implement a solution.

Your application will be scored on your writing ability, ability to convey your level of interest in CTA, and your dispositional attributes as evidenced in your essay.

**By signing and submitting this application, you agree to abide by the CTA program requirements outlined above.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_