## Application Form Project PreP Project

Thank you for applying to the Project PreP which is a partnership of the Paraprofessional Research and Resource Center (the PAR<sup>2</sup>A Center) and the Red Rocks Community College.

Please fill out this form. Include a Statement of Interest and 3 letters of recommendation. Return the completed application to Veronica Marquez-Hepworth by mail to PO Box 173364, Campus Box 106, Denver 80217-3364 or by Fax to 303-315-6367. Once all information has been received, you will be contacted by someone from The PAR<sup>2</sup>A Center or your Cohort Leader regarding next steps. You may contact Veronica Marquez-Hepworth at 303-315-6360 or <a href="mailto:veronica.hepworth@ucdenver.edu">veronica.hepworth@ucdenver.edu</a>.

Name	<del>,</del>				Birth Date			
	Last	Middle	First					
Addres	S				_Zip code			
	Number	Street	City	State				
Phone:		Email:						
1.	1. How long have you worked as a paraprofessional?							
2.	2. Are you currently working with students in a classroom? Yes No							
3.	School District yo	ou are employed	by		School	Gr	ade level	
4.	School Address _		Phor	ne	Pı	rincipal		
5.	Are you interested	d in becoming a t	eacher?	_Yes _	No			
	a. In what ar	rea?Elem	Secondar	y Bili	ngual Ed	Spec. Ed		
6.	Are you currently enrolled in college classes? Yes No							
7.	If you are not currently enrolled, have you attended college in the past? Yes No							
8.	Please list the names of colleges that you have attended and attach transcripts to this application:							
	College		Dates atte	ended	Credi	ts Completed_	GPA	
	College		Dates atte	ended	Credi	ts Completed_	GPA	
	Total number of college credit hours completed Mino			Cumulative Grade Point				
				r				

9. Statement of Interest (Please prepare in the form of an essay of 400-500 word and attach with the application).

Here are some suggestions:

- How did you get where you are?
- Why do you want to be in the program?
- Where do you want to go professionally?

<ul> <li>10. Two letters of recommendation ***(please)</li> <li>Principal/ Supervising classroom</li> </ul>	
NOT clergy, family or friends. He recommend you for this program	dation: Best recommenders are people who know your work, Have the person writing the letter state the reason(s) they would, your strengths and weaknesses, what skills you have by view your personal interactions with students and coworkers, constrated.
this project, information such as grades, ethr shared by the community colleges and the P.	al grant, we will be collecting data periodically. If accepted in nicity, education, and materials generated in the project may be AR <sup>2</sup> A Center. Additionally, future publications may contain entifiers will not be divulged. Data and information will be I, understand, and agree to this
Office Use ONLY:	
1. Application form:	Date Received
2. Statement of interest:	Date Received
3. Letters of recommendation:	
Principal/ Supervising teacher	
• Other	Date Received
4. Comments:	

What lifestyle changes do you anticipate?

What assistance do you think you might need?

What supports do you think will you need from your family?

What barriers do you anticipate?