Central Oregon Geoscience Society

Continuing Education Scholarship

For Jefferson, Crook, and Deschutes County Educators

Personal Information

_____

Last Name First Name Middle Initial

_____

Street Address or P.O. Box City State Zip Code

_____

Email Address Contact Phone(s)

School: _____ District: _____ Grade: _____

Course(s) Taught: _____

Course/Program Information

Course or program you wish to attend: _____

College, university, or sponsoring organization: _____

Location: _____Cost of course or program: _____ CE Credits:_____

Dollar amount needed to make this work for you: _____

Are you willing to share the program information within your school/district? _____

Integration with The Next Generation Science Program

Briefly describe how you hope to use this course to help teach your NGS courses:

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