

# Teacher Cadet Application Packet

## Application, Essay, & Teacher Recommendation Form

**Application Instructions:** Please complete the form below and return to Mrs. Shannon Ginn by February 24, 2017.

You will not be considered for admission into the Teacher Cadet Program until at least five teacher recommendations and essay have been received.

\_\_\_\_\_  
First Name Middle Name Last Name

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone Number(s)

\_\_\_\_\_  
Parent(s) /Guardian(s) Name(s)

E-Mail \_\_\_\_\_

Number of school days absent so far this year \_\_\_\_\_ GPA \_\_\_\_\_

Concurrent Credit/AP/Pre-AP courses you have taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Courses (other than the Teacher Cadet class) you plan to take next year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References (List five teachers to whom you gave reference forms.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Essay

Choose **one** of the following questions to answer in essay form. You may write or type your answer and attach it to this application.

1. Tell me about a teacher who has had a positive influence on you.
2. Why are you interested in enrolling in the Teacher Cadet Program?

Place your name on all 5 attached forms and give them to the teachers you have listed above as References.

# Teacher Cadet Application Packet

Applicant's Name \_\_\_\_\_

Teachers, do not return this form to the student: your responses are confidential. Please return this recommendation form to me by placing it in my box or bringing it to my office. Please turn in all recommendations by the deadline of February 24, 2017. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Shannon Ginn  
Teacher Cadet Instructor

*Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "Not observed" if you don't have knowledge to respond to a category.*

	1	2	3	4	5	Not observed
Professional Appearance/Grooming						
Poise						
Sensitivity to Others						
Leadership Skills						
Dependability/Commitment						
Integrity						
Ability to Accept Constructive Criticism						
Ability to Work in Groups						
Creativity						
Intelligence						
Academic Achievement						
Communication/Grammar/Writing Skills						
Motivation/Willingness to Work						
Potential as an educator						
Attendance						

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Comments:

**Your Name** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

*Thanks! Please return this recommendation form to Mrs. Shannon Ginn.*

# Teacher Cadet Application Packet

Applicant's Name \_\_\_\_\_

Teachers, do not return this form to the student: your responses are confidential. Please return this recommendation form to me by placing it in my box or bringing it to my office. Please turn in all recommendations by the deadline of February 24, 2017. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Shannon Ginn  
Teacher Cadet Instructor

*Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "Not observed" if you don't have knowledge to respond to a category.*

	1	2	3	4	5	Not observed
Professional Appearance/Grooming						
Poise						
Sensitivity to Others						
Leadership Skills						
Dependability/Commitment						
Integrity						
Ability to Accept Constructive Criticism						
Ability to Work in Groups						
Creativity						
Intelligence						
Academic Achievement						
Communication/Grammar/Writing Skills						
Motivation/Willingness to Work						
Potential as an educator						
Attendance						

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Comments:

**Your Name** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

*Thanks! Please return this recommendation form to Mrs. Shannon Ginn.*

# Teacher Cadet Application Packet

Applicant's Name \_\_\_\_\_

Teachers, do not return this form to the student: your responses are confidential. Please return this recommendation form to me by placing it in my box or bringing it to my office. Please turn in all recommendations by the deadline of February 24, 2017. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Shannon Ginn  
Teacher Cadet Instructor

*Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "Not observed" if you don't have knowledge to respond to a category.*

	1	2	3	4	5	Not observed
Professional Appearance/Grooming						
Poise						
Sensitivity to Others						
Leadership Skills						
Dependability/Commitment						
Integrity						
Ability to Accept Constructive Criticism						
Ability to Work in Groups						
Creativity						
Intelligence						
Academic Achievement						
Communication/Grammar/Writing Skills						
Motivation/Willingness to Work						
Potential as an educator						
Attendance						

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Comments:

**Your Name** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

*Thanks! Please return this recommendation form to Mrs. Shannon Ginn.*

# Teacher Cadet Application Packet

Applicant's Name \_\_\_\_\_

Teachers, do not return this form to the student: your responses are confidential. Please return this recommendation form to me by placing it in my box or bringing it to my office. Please turn in all recommendations by the deadline of February 24, 2017. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Shannon Ginn  
Teacher Cadet Instructor

*Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "Not observed" if you don't have knowledge to respond to a category.*

	1	2	3	4	5	Not observed
Professional Appearance/Grooming						
Poise						
Sensitivity to Others						
Leadership Skills						
Dependability/Commitment						
Integrity						
Ability to Accept Constructive Criticism						
Ability to Work in Groups						
Creativity						
Intelligence						
Academic Achievement						
Communication/Grammar/Writing Skills						
Motivation/Willingness to Work						
Potential as an educator						
Attendance						

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Comments:

**Your Name** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

*Thanks! Please return this recommendation form to Mrs. Shannon Ginn.*

# Teacher Cadet Application Packet

Applicant's Name \_\_\_\_\_

Teachers, do not return this form to the student: your responses are confidential. Please return this recommendation form to me by placing it in my box or bringing it to my office. Please turn in all recommendations by the deadline of February 24, 2017. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Shannon Ginn  
Teacher Cadet Instructor

*Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "Not observed" if you don't have knowledge to respond to a category.*

	1	2	3	4	5	Not observed
Professional Appearance/Grooming						
Poise						
Sensitivity to Others						
Leadership Skills						
Dependability/Commitment						
Integrity						
Ability to Accept Constructive Criticism						
Ability to Work in Groups						
Creativity						
Intelligence						
Academic Achievement						
Communication/Grammar/Writing Skills						
Motivation/Willingness to Work						
Potential as an educator						
Attendance						

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Comments:

**Your Name** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

*Thanks! Please return this recommendation form to Mrs. Shannon Ginn.*