

Teacher Hackathon
January 30th, 2016 10am-5pm
National Museum of Natural History
1000 Constitution Ave NW
Washington, DC



TEACHER HACKATHON APPLICATION

Application Deadline November 23RD 2015

GENERAL INFORMATION

At the heart of every Smithsonian museum and research center is a library. Individually, our 21 libraries are among the world's greatest repositories of knowledge. Collectively they are one of America's most precious scientific and cultural treasures. Come mine our collections and help build educational resources for our global audience.

We are inviting teachers that work with students of all ages, and schools of all types, to push us creatively; to rethink how our resources can be shared with public; to combine materials in a new way; to hack our collection and drive us forward by offering an original digital experience.

Our hackathon will take place in Washington DC, at our library in the National Museum of Natural History. It will be a day (10am-5pm) of learning, collaboration, and sharing. We are looking for educators that can inform our practice and help us establish the building blocks of a new educational department. Lunch and snacks will be provided and each attendee will be awarded a \$250 stipend.

Applications are due by November 23rd. Selections will be announced early December.

Complete Applications must include the following:

- Completed Hackathon Application Form (following page)
- Statement of interest in attending the SI Libraries Teacher Hackathon – 500 Word Limit
- Current Resume/CV

Please email this form and application materials to: Sara Cardello cardellos@si.edu
Questions? Phone: 202.633.0857

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PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Alternate Phone: _____

Email Address: _____ Birth Date: _____

SCHOOL INFORMATION

School: _____ Your Title: _____

City: _____ Grade(s): _____

State: _____ Subject(s) _____

Supervisor: _____
Supervisor's Email: _____

School's Geographic Location:
 Urban
 Suburban
 Rural

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Email: _____

Relationship: _____

CONFIRMATION

The information reported on this application is true and correct to the best of my knowledge. By signing, I confirm that I have read and understood the Cancellation Policy.

Signature: _____ Date: _____