



Henry Ford Museum®
 Greenfield Village®
 IMAX® Theatre
 Benson Ford Research Center®
 Ford Rouge Factory Tour

The Henry Ford Teacher Fellow Application Form

Name: _____

School Name: _____ School District : _____

Grade(s) Taught: _____ Subject(s) Taught: _____

Number of Years Teaching : _____ Name of your School Principal: _____

School Address: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

School Phone Number: _____ Best time to reach you: _____

Email Address: _____

Academic Qualifications (including certification, specialization etc.),

.....

Upcoming Changes (if any) in Professional Role

.....

Awards, Recognitions or Special Achievements

Professional Memberships or Affiliations
