



PK-16 Scholarship Application

Name

First

Last

Contact Information

Email:

Phone (if preferred):

Employer:

Contact Address

Street 1:

Street 2:

City:

State:

Zip code:

Level of instruction:

PK-1

2-4

5-8

9-12

Post-Secondary

What types of technologies do you use? (check all that apply)

Teacher Use

- Desktop computer (Home)
- Desktop computers (Classroom)
- Video/computer games (Personal use)
- Video/computer games (Educational use)
- Digital production & editing software
- Video/audio recorders, digital cameras, & cameras
- Office suite software
- Creativity/design/presentation software
- Laptop cart
- Overhead projector
- Whiteboard/blackboard
- Smartboard
- Other:

Student Use for Class

- Desktop computers (Home)
- Desktop computers (Classroom)
- Video/computer games (Personal use)
- Video/computer games (Educational use)
- Digital production & editing software
- Video/audio recorders, digital cameras, & cameras
- Office suite software
- Creativity/design/presentation software

Have you used video games in the classroom?

- Yes
- No

If so, how?

If so, how frequently?

- I've tried it once
- Once per semester/year
- A few times a month
- Weekly

Is your school/district/administration supportive of and/or pursuing expanded use of video game technology?

Yes

Varies

No

Will you be seeking professional or academic credit for attending GLS 4.0?

Yes

No

Are you interesting in being part of a research study using games in the classroom?

Yes (Please add phone number to contact information above)

No

Would like to find out more

Would consider subscription to a GLS research journal

Will you require lodgings here in Madison?

Yes

No

If yes, is there another conference attendee you would like to share a room with?

Yes Name:

No

Short Response

What is your personal level of experience with video games and/or technology?

How do you use or envision using video games and technology in your classroom?

How will this conference help you professionally and personally?