

# **SCIF Mission Statement**

To fund and manage sustainable use conservation and education programs worldwide.



# 2016 Educator Application

American Wilderness Leadership School-(AWLS)-Jackson, WY

SCI Foundation/AWLS is a permittee of the Bridger-Teton National Forest and is an equal opportunity service provider.

# **Conservation Education Program**

- Wildlife conservation and management in the United States
- Land management issues effects on wildlife and stream studies
- Endangered species and outdoor ethics
- Wyoming Ecosystems
- Economic contribution of sportsman in conservation
- Instructional materials to use in outdoor education programs
- Introduction to many useful resources to share



#### **Facilities**

- The AWLS site consists of the Joel Loveridge-Jim Conklin Education Complex which provides a professional quality kitchen, dining room, instruction and dormitory facilities in addition to staff cabins.
- Linens, pillows and towels provided.
- The Wyoming site is surrounded by the beauty of the Gros Ventre Wilderness area within Bridger-Teton National Forest
- Please visit our website for more information. www.safariclubfoundation.org



#### And More.....

- National Archery in the Schools Instructor Certification
- Shooting sports firearm safety, shotgun, rifle, and archery
- Outdoor survival "How to teach youth"
- Field trip with Bureau of Land Management, Wyoming Game & Fish agencies, Teton Park and National Elk Refuge
- Visit natural gas fields to explore energy and conservation issues
- Enjoy a whitewater rafting trip on the Snake River
- Stream Ecology



Provide the following in	nformation (Please Print)		
NAME: FIRST	MIDDLE	LAST	
DATE OF BIRTH		MALE FEMALE	
ADDRESS		APARTMENT NUMBER	
CITY/STATE/ZIP		HOME PHONE (INCLUDE AREA CODE)	
E-MAIL		CELL PHONE (INCLUDE AREA CODE)	
EMPLOYED BY			
ADDRESS			
CITY/STATE/ZIP			
JOB TITLE/OCCUPATION			
EDUCATION: DEGREE	MAJOR	COLLEGE	DATE
HOW DID YOU HEAR ABOUT AWLS?			
What previous outdoor expe	erience have you had? (give full details includ	ling dates, locations, time in field)	
List special skills, experienc camping, mountaineering, e	ce, certifications or hobbies you have that cou etc.)	old be useful and/or shared with other participants. (p	photography, first aid, hunting, fishing,
ARE YOU NASP CERTIFIED?			
What do you want to learn i	n this workshop.		

Please submit a 500 word statement about your educational background with this application to the Director of Education.

### **Travel Notes**

- Arrival: The workshop begins at 5:30 p.m. on Day 1 of the workshop. If flying please schedule your arrival to the Jackson airport before 4:30 p.m. if possible. AWLS shuttles are scheduled for airport pick-ups only.
- Departure: An AWLS shuttle will return airline passengers only to the airport on Day 8. Please schedule your flight based upon a 9 a.m. departure from AWLS. AWLS is about 1 hour from the Jackson Airport.
- Flights to hub cities in the area such as Salt Lake City, UT; Billings, MT; Idaho Falls, ID are sometimes less expensive. Salt Lake City and Idaho Falls have shuttle service to Jackson.
- If travelling by car, please schedule your arrival after 1:00 p.m. on Day 1 of the workshop.
- Due to AWLS facility scheduling, lodging is available beginning on Day 1 and meals begin on Day 1 with supper. Lodging and meals end the morning of Day 8 with a continental breakfast before departure.
- Vehicle Rental Return: Please contact the Tucson office prior to returning your vehicle to schedule a pick-up time.

2016 Workshop Session Dates	<b>Wyoming Workshops</b>				
$\square$ I can attend any of the workshops.	☐ Workshop 1	☐ Workshop 3	☐ Workshop 5		
$\square$ I can attend only workshop #	June 9 – June 16	July 8 – July 15	July 31 – August 7		
Please rank the workshops (1–3) to indicate your preferences. Write "only" if only one workshop fits your summer schedule.	<ul><li>☐ HLF Workshop 2</li><li>Open to all</li><li>June 19 - June 26</li></ul>	☐ HLF Workshop 4 Open to all July 21 – July 28	<ul><li>☐ Workshop6</li><li>August 10 – August 17</li></ul>		
Applicant's Signature I am presently in good health and know of no personal or physical limit. Program. If selected, I will fill out the medical history form provided with to participate in the American Wilderness Leadership Program as indicated Program. If selected for sponsorship by a local SCI chapter, I would be other interested group when I return home. Further, I give my permission	n the acceptance letter and ret ited, and agree to obey such r willing to participate in a pres	urn it as soon as possible to the rules as established by the Amer entation on my experience to m	Tucson office. I will be available ican Wilderness Leadership y sponsoring chapter and/or		
SIGNATURE	DATE				
Please list two persons as references we may contact related to your pro	ofessional experience.				
NAME					
ADDRESS					
PHONE E-MAIL					
NAME					
ADDRESS					
<ul> <li>How to request sponsorship to the American Wilderness Leadership School</li> <li>1. Contact the closest SCI Chapter to you for possible sponsorship. To locate a chapter nearest you, please visit www.safariclub.org, click on the Chapter Locator in the Memberships &amp; Chapters tab. The chapter will need to review your completed application, the 500 word essay, sign and send the application to SCIF.</li> <li>2. If you have had no response from the chapter, please follow the directions below for seeking sponsorship through SCI Foundation.</li> <li>Please check the following:</li> <li>I have a SCI Chapter Sponsorship:</li> </ul>					
CHAPTER					
CONTACT PERSON		TITLE			
ADDRESS		PHONE			
E-MAIL					
CHAPTER PRESIDENT SIGNATURE		PHONE			
EDUCATION REPRESENTATIVE SIGNATURE		PHONE			
□ I am seeking Sponsorship through SCI Foundation:  Send the completed application along with the 500 word es  SCIF – American Wilderness Leadership School, 4800 W  Once we have received your application, we will notify yo	/. Gates Pass Road, Tucson,		uest.		
☑ Other Sponsor Information (Organization, Non-SCI Sponsors)					
ORGANIZATION'S NAME Mzuri Wildlife Foundation					
CONTACT PERSON David Bundesen		E-MAIL david.bu	ındesen@mzuri.org		
ADDRESS 836-B Southampton Rd. #303, Benicia, C	A 94510	PHONE <b>707-742</b>	-4167		

# Sponsorships - How to Apply

A limited number of partial and full sponsorships are available from SCI Chapters, Hunter Legacy Fund, corporate sponsors and Education Sables sponsoring educator teams or individual educators.

#### **Chapter Sponsorship \$900**

If the SCI Chapter Information is filled out on the inside of this form, submit your completed application and a 500 word statement for consideration to the local SCI Chapter listed. The statement should state reasons for wanting to participate in the program and how the experience will contribute to your educational and/or career objectives. Successful applicants will be notified via email and with a letter.

Applicants seeking sponsorship from participating SCI chapters will be selected by local selection committees. Final selections will be based without regard to race, color, age, creed, handicap, sex or national origin.



#### Graduate Credit\* Colorado State University, Fort Collins, CO

- ☐ If selected, I would like to take the course for credit hours (2 to 4 credits).
- ☐ If selected, I would not be interested in taking the workshop for graduate credit.
- \*Graduate credit is provided as an option and has no bearing on the selection process conducted by individual SCI chapters. All graduate credit forms and payments will be completed upon your arrival. You will receive more information by mail with a workshop confirmation packet.



## Self-Sponsorship \$900

If the SCI Chapter information is not provided on the inside of this form, there may not be a chapter in your vicinity or state sponsoring educators this year. You may sponsor yourself by submitting a completed application and a deposit of \$100.00 payable to SCI Foundation.

Mail To: Director of Education, SCI Foundation, 4800 W. Gates Pass Road, Tucson, AZ 85745.

The \$100 deposit will be applied to the \$900 enrollment fee with the remaining \$800 payable within 14 days of the 1st day of the selected workshop. Deposits will be refunded if your notice of cancellation is in the Tucson office prior to June 1, 2016. Sessions will be assigned on a first-come, first-served basis.







### World Headquarters 4800 West Gates Pass Road Tucson, Arizona 85745-9490 520-620-1220 Ext. 231 Fax (520) 618-3538 www.safariclubfoundation.org