

2008 APPLICATION FORM

James Madison Seminar — Mercer County History Consortium

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Social Security number _____

School Name: _____

School Address: _____

School City: _____ State: _____ Zip Code: _____

Were you a participant in the 2007 James Madison Seminar at Princeton University? Y N

Number of Years You Have Taught: _____

Courses Taught at Present: _____

Undergraduate Institution(s): _____

Undergraduate Major(s) / Minor(s): _____

Graduate Institution(s): _____

Graduate Program(s): _____

Graduate Degree(s): _____

What subjects and grade levels are you certified to teach? _____

Mail or fax your application
no later than January 15th, 2008 to:

Dr. Bradford Wilson
James Madison Program
Princeton University
83 Prospect Ave., Bobst Hall
Princeton, NJ 08540

phone: (609) 937-2027
fax: (609) 258-8277
bpwilson@princeton.edu