



**Discovery Academy**  
St. Cloud Technical & Community College  
1540 Northway Drive, St. Cloud MN 56303

## Teacher Information

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Total years of teaching high school: \_\_\_\_\_

Title of High School Course: \_\_\_\_\_

Title of SCTCC Course: \_\_\_\_\_

## Education/Experience

Bachelor's Degree: \_\_\_\_\_ Bachelor's Degree Major: \_\_\_\_\_

Bachelor's Degree Institution: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Graduate Degree Major: \_\_\_\_\_

Graduate Degree Institution: \_\_\_\_\_

Experience/Trainings/Certificates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## High School Information

High School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

(Application continued on back)



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**Please include 1-2 sentences describing why you want to teach through Discovery Academy:**

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Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit...**

1. This completed application form
2. all undergraduate and graduate transcripts
3. a recent resume including employment history and professional development pertinent to this application

**Submit information to:**

St. Cloud Technical and Community College  
Susan Jordahl, Director of K12 Initiatives  
1540 Northway Drive  
St. Cloud, MN 56303

**Or via email:** [susan.jordahl@sctcc.edu](mailto:susan.jordahl@sctcc.edu)

**Questions:** please contact Susan Jordahl at 320.308.5908 or via email.