

2026-27 Iowa STEM Scale Up Program Educator Application Questions

PART 1: STEM Scale-Up Program Contacts

Complete this form to tell us more about who is applying for the STEM Scale-Up Program, implementing the STEM Scale-Up Program and other points of contact. Please note: you will need to complete and upload an administrator acknowledgment form for this section of the STEM Scale-Up Program Application.

APPLICANT

Applicant First Name:

Applicant Last Name:

Applicant Title in Organization/School:

Applicant Organization/School Email:

Applicant Summer Email:

Applicant Phone Number:

Applicant Summer Phone Number:

[Map of STEM Regions](#)

Applicant STEM Region:

Applicant Organization/School Building:

Previous STEM Scale-Up Organizations: Use the dropdown menu to select your school building/organization name. You may begin typing to find your building/organization name quicker.

New STEM Scale-Up Organizations: Select "New Organization" from the dropdown menu and enter your school building/organization name into the appropriate field.

Applicant School District:

Select blank option if not applicable (i.e. daycare, library, county extension office, etc)

Organization/School Street Address:

City:

Zip Code:

County:

Is your shipping address different from above?

Shipping Address:

Scale-Up Program:

Scale-Up Program Preference:

If applying for more than one STEM Scale-Up Program for this location, please rank preference for this program (e.g. 1st of 1, 2nd of 3, 2nd of 2)

Requirements Acknowledgement:

I have read the "Requirements to Implement the Program" section of the program's fact sheet and the educator(s) will attend the Professional Development/Training and implement the program with fidelity (to the best of my/our abilities).

ADMINISTRATOR

Administrator First Name:

Administrator Last Name:

Administrator Email:

Administrator Phone Number:

Administrator Acknowledgement:

Please upload a signed copy of the [Administrator Acknowledgment](#).

INSTITUTION FISCAL AGENT/BUSINESS MANAGER

Institution Fiscal Agent/Business Manager First Name:

Institution Fiscal Agent/Business Manager Last Name:

Institution Fiscal Agent/Business Manager Email Address:

Institution's Fiscal Agent/Business Manager Phone Number:

PROGRAM LEAD INFORMATION

Who will be responsible for leading and coordinating the program at your site?

First Name:

Last Name:

Title:

Email:

Phone Number:

EDUCATORS IMPLEMENTING/ATTENDING REQUIRED PROFESSIONAL DEVELOPMENT:

Use this area to list the educators implementing and attending the required professional development.

If an educator is unknown (waiting to hire, etc.), please use 'Placeholder' as their name and place contact details for an appropriate point of contact for all other areas.

Educator 1 Information

First Name:

Last Name:

Title:

Email:

Summer Email:

Phone Number (Ex. 111-111-1111):

Grade Level(s):

PD Only (NO materials) yes/no

Educator Acknowledgement

Educator 2 Information

First Name:

Last Name:

Title:

Email:

Summer Email:

Phone Number (Ex. 111-111-1111):

Grade Level(s):

PD Only (NO materials) yes/no

Educator Acknowledgement

EDUCATOR COUNT FOR PROGRAM

Please double check that the educator count reflects all educators (including applicant, if applicable). If not, edit the table above for an accurate count.

Educator Count:

AWARD REQUIREMENTS ACKNOWLEDGEMENT

If awarded, you and the educators listed on your application must be able to commit to participating in this program for the full three-year cycle to the best of your ability.

Yes, the other educators and I listed in this application understand this expectation.

I understand that some unforeseen educator turnover may occur over the course of this program. I understand that if awarded, it is my responsibility as the submitting applicant to promptly communicate any changes to my regional STEM manager.

PART 2: STEM Scale-Up Narrative

Complete this form to provide reviewers with information about how the STEM Scale-Up Program will be implemented, sustained, and the students participating. Please note: It is very important to be specific in your answers to give reviewers the best information.

GRADE LEVELS

Who are your intended participants for this STEM Scale-Up program? (check all that apply)

- Preschool
- TK
- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

IMPLEMENTING ORGANIZATION

Select the educational setting in which the STEM Scale-Up Program will be implemented. If unsure, please select "Informal."

Organization Type:

Implementation Location:

STUDENT IMPACT

The following questions pertain to the students who will be impacted if awarded the STEM Scale-Up program to which you are applying.

How many classrooms, sections, or youth groups will implement the program during the year?

Estimated number of youth participating:

BACKGROUND INFORMATION

To help us better understand the needs of our applicants, please provide the following information:

What might your expectation be for this program to extend the professional learning of your educators who may have some experience with this program? (1500 character limit)

Which educators included in your application have prior experience with the program in which you are applying? (1500 character limit)

Which educators in your application are currently using materials associated with this program? (1500 character limit)

Given the Iowa STEM Council's priority to reach every child in the state of Iowa, what strategies will you use to ensure all learners have the opportunity to participate in this STEM program? (1500 character limit)

IMPLEMENTATION PLANS

In this section, please tell us about your plans for implementing the Scale-Up program. Remember to be specific so we can accurately review your application.

Beginning in 2026, the goal of the STEM Scale-Up model is to provide sustained support to educational organizations and schools over a three-year period to strengthen educator professional practice and enhance student learning. How will this Scale-Up Program contribute to sustained educator development and student learning during the three-year period within your organization/school? Be sure to address:

- Educator development
- Student learning
- How that will be accomplished by the specific Scale-Up program
- How that will progress over time in the three-year period of the award

Executive Summary:

NOTE: For the purposes of this application, Scale-Up Program refers to one of the following: Exploring AI and the Future of Work presented by CodeJoy LLC, FIRST Tech Challenge presented by the University of Iowa, or STEM Wonder presented by the Iowa Board of Regents'. The specific program being applied for is indicated by the applicant within the application. (3,000-character limit)

Program Integration:

How will the STEM Scale-Up Program integrate with your current instructional practices (e.g., STEM units, lessons, curricula, etc.)? Please provide a specific example. (3,000-character limit)

Implementation Plan:

Describe how you anticipate implementing this Scale-Up program within your organization/school. In your description of your implementation plan, please address the context

in which the program will be implemented. That is, where the program will be implemented, the students participating in this Scale-Up program, and when the program will be used over the course of this three-year implementation cycle. (3,000-character limit)

Alignment with Organization's Plans:

How will this specific Scale-Up program advance your organization's goals (e.g. strategic plan, vision, mission, or school improvement plan)? (3,000-character limit)

Goals and Benchmarks:

Describe the specific goals you hope to achieve each year of implementation and the outcomes you will look for that may indicate success over the course of this three-year program. (3,000-character limit)

Addressing Gaps:

What specific needs or gaps do you hope this program will address over the three-year period? (3,000-character limit)

ADDITIONAL COMMENTS

In this section, please share with us any special circumstances or information specific to your organization that would be pertinent for us to consider.

Additional Comments:

How did you hear about the STEM Scale-Up program opportunity?