

Form Name:	Makers + Mentors Networks: Fall 21
Submission Time:	July 29, 2021 4:27 pm
Browser:	unknown / unknown
IP Address:	127.0.0.1
Unique ID:	999999999
Location:	64.7511, -147.3494

**Name of Statewide Afterschool Network:**

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**Name of Network Contact:**

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**Email**

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**Share some details about any current work you are doing around maker-centered learning and/or how you'd like to integrate maker-centered learning into your work moving forward.**

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**What are 1-2 challenges you are currently facing in engaging more girls and young women in STEM within the communities you are working with?**

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**What do you hope to learn or gain from participating in the maker-centered learning CoP?**

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**As part of this community of practice, our goal is to support you as you draft a proposal or action plan to deepen maker centered learning in your context. Share your initial ideas, thoughts or strategies you would like your proposal or action plan to focus on?**

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**What other information about your local context, organization, and/or role would help us better understand your work as it relates to maker-centered learning?**

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**Participant #1 Name:**

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**Participant #1 Title:**

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**Participant #1 Organization**

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**Participant #1 Email:**

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**Participant #2 Name:**

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**Participant #2 Title:**

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**Participant #2 Organization**

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**Participant #2 Email:**

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**Participant #3 Name:**

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**Participant #3 Title:**

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**Participant #3 Organization**

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**Participant #3 Email:**

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**Participant #4 Name:**

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**Participant #4 Title:**

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**Participant #4 Organization**

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**Participant #4 Email:**

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