

## Grow Your Own Teacher Scholarship Program Application

**EMPLOYED APPLICANT** 

APPLICANT INFORMATION   Information to be provided by applicant				
Contact information				
Name	Date of birth			
Address				
Telephone number				
Email address (not your school email address)				
Employment Information				
School district/ESC of employment				
If employed by an ESC, district of employment location (must be the same as	the district information on the next page.)			
Current position title				
License/permit held				
Date license/permit received				
Educational information				
Do you have a high school diploma or equivalent?	NO			
High school and graduation date				
Do you have a postsecondary degree or credits?	NO			
Institution(s) attended				
Degree				
Major				
If degree not completed – how many credits?				
Teaching specifications				
Teaching area of interest				
Institution where you intend to complete your teacher preparation program				
Have you been accepted? YES NO				
Do you intend to start at a community college and transfer to an institution w	vith a teacher preparation program? YES NO			
If yes, what community college do you plan to attend?				
Funding start date (Summer Term 2024, Fall Term 2024, Spring Term 2025)	<b>_</b>			
Expected program completion date				
Attach a brief statement (500 words or less ) on why you would like to be a tea	acher.			
Attach a current resume				

## Confirm the following:

I have not plead guilty to, been convicted of, or adjudicated a delinquent child for any violation listed in section 3333.38 of the
Ohio Revised Code.

I will file a statement of selective service status in compliance with section 3345.32 of the Ohio Revised Code, if applicable. This is required before any payments can be made pursuant to the Ohio Grow Your Own Teacher Scholarship Program. See https://www.sss.gov/verify/proof/ for more information.

I understand that I must complete the Free Application for Federal Student Aid (FAFSA) within thirty (30) days of receiving my acceptance letter in order to receive a Grow Your Own Teacher scholarship.

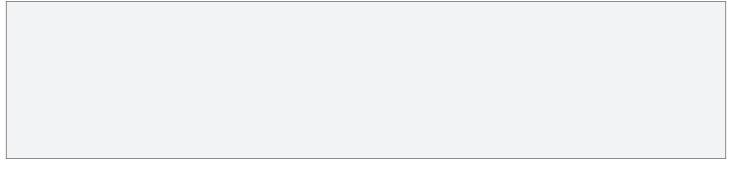
By signing below, I confirm that all the information provided is true and accurate, that I want to participate in the Grow Your Own Teacher Scholarship Program, and that I understand the requirements of the program including the requirement to work for four years at my school within six years of graduating from a teacher preparation program.

Name	Date
Signature	

## **DISTRICT INFORMATION** | Information to be provided by school district

District name		
School district IRN		
School district county		
Primary contact name and title		
Primary contact phone number and email		
Superintendent name		
Superintendent phone number and email		
Human Resources contact name		
Human resources phone number and email		

Attach a brief statement describing the applicant, and why you believe the applicant will be a successful participant in the Grow Your Own Teacher Scholarship Program. Please specifically discuss applicant's academic qualifications.



## Confirmation

By signing below, the school district confirms that the district has difficulty attracting and retaining classroom teachers who hold a valid educator license.

Name	Date	
Signature		

Provide a statement that describes the need for teachers. Provide a list of all the buildings within your district that have trouble attracting and retaining teachers, or if this difficulty applies to all buildings, please state "all" buildings.

Attach any supporting data or other documentation that supports your need.

By signing below, the school district certifies that it intends to employ the applicant upon completion of the teacher preparation program and obtaining the identified teaching license.

Name	Date [	
Signature		