

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? YES NO
High school and graduation date
Do you have a postsecondary degree or credits? YES 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 with 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*)
Expected program completion date
Attach a brief statement (500 words or less) on why you would like to be a teacher.

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