

Grow Your Own Teacher Scholarship Program Application

STUDENT 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)

Educational information

High school
Expected graduation date
Do you have any college credits? YES NO How many?

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)

Attach a brief statement (500 words or less) on why you would like to be a teacher.

The Grow Your Own Teacher College Scholarship program is for low-income high school seniors. You may qualify as low-income based on the high school you attend. Otherwise, ODHE will determine your low-income status through your college or university after you have completed the Free Application for Federal Student Aid (FAFSA). If your Student Aid Index (SAI) as determined by the FAFSA is 10,000 or less, you may be eligible for this program. For additional information, visit higher.ed.gov/grow-your-own.

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 FAFSA within thirty (30) days of receiving my acceptance letter in order to receive a GYO 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.

Only low-income high school seniors are eligible. One of the definitions for low income is the following:

Any student that attends a high school that participates in the Community Eligibility provision for the National School Lunch and School Breakfast program or a district with a district-wide identified student percentage (ISP) for the National School Lunch and School Breakfast program of 40% or higher.

Does the student applicant meet the definition of low-income based on your school/district participation in this program?

YES NO

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