Virginia Department of Education Division of Teacher Education and Licensure P. O. Box 2120 Richmond, Virginia 23218-2120

APPLICATION FOR THE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) TEACHER RECRUITMENT AND RETENTION INCENTIVE AWARDS

2017-2018 SCHOOL YEAR

Please submit the original application signed by the <u>teacher applicant and the division</u> <u>superintendent</u>. Photocopies, faxes, and emails are <u>not</u> acceptable.

Previous award recipients <u>do not</u> submit an application.

Please complete (1	type or print):		
Teacher Name:	Last	First	Middle
Virginia Teaching	License Number:		
Mailing Address:	(Street Add	ress, P. O. Box)	
	City	State	Zip Code
Phone Numbers: V	Work: ()	Home: ()	Cell: ()
Name of Employing	ng Virginia School Div	ision:	
Name of Assigned	School:		
Accreditation Statu	us of School:		
Full-Time Teachin	g Assignment (include	all subjects and grade leve	ls):
Subjects:			
Grades:			
Number of Years of	of Full-Time Teaching	Experience Completed:	

APPLICANT AND SCHOOL DIVISION SUPERINTENDENT CERTIFICATION Please submit the original, signed application. Photocopies, faxes, and emails are not acceptable.

The following section is to be completed by the teacher applicant:

By my signature, I certify that I meet the criteria c	hecked below:
Check Only One:	
Hard-to-Staff School or a School Not Fu in a Virginia school division; hold an activ Postgraduate Professional License) with a Mathematics: Algebra I; Mathematics; M Science; Physics; or Technology Educatio corresponding STEM subject area; and I v	xperience) Reassigned from a Fully Accredited School to a ally Accredited: I certify that I am a teacher employed full-time we five-year Virginia teaching license (Collegiate Professional or an endorsement in Middle Education 6-8: Mathematics; iddle Education 6-8: Science; Biology; Chemistry; Earth and am assigned to a teaching position full-time in a was reassigned from a fully accredited school in a Virginia school school or a school that is not fully accredited for 2017-2018.
Complete the following:	
Name of Fully Accredited Virginia Public Year:	School and School Division Assigned in the 2016-2017 School
School	School Division
Name of Hard-to-Staff School or Low-Per Division Reassigned in the 2017-2018 Sch	rforming Public School Not Fully Accredited and School nool Year:
School	School Division
than three years' experience at time of a of teaching experience; employed full-tim five-year Virginia teaching license (Colleg endorsement in Middle Education 6-8: M Education 6-8: Science; Biology; Chemis	Teacher with up to Three Years' Teaching Experience (less application): I certify that I am a teacher with up to three years e as a teacher in a Virginia school division, and hold an active giate Professional or Postgraduate Professional License) with an athematics; Mathematics: Algebra I; Mathematics; Middle try; Earth Science; Physics; or Technology Education and am a corresponding STEM subject area for 2017-2018.
Signature of <u>Teacher</u>	Date
Printed Name	
The following section is to be completed and sig	ned by the school division superintendent:
By my signature, I certify that the teacher has met the c	riteria checked above.
Signature of the Division Superintendent	Date

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS TO BE RECEIVED NO LATER THAN FRIDAY, SEPTEMBER 29, 2017: Dr. Kendra Crump, Director of Licensure and School Leadership, Division of Teacher Education and Licensure, Virginia Department of Education, P. O. Box 2120, Richmond, VA 23218-2120. Notification will be sent to school divisions of teachers eligible for the grant awards by Monday, December 18, 2017. The employing school divisions are to notify the recipients of their award.

School Division

Printed Name