Attachment A, Memo # 208-15

*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**

**2015-2016 SCHOOL YEAR**

**Please complete (type or print):**

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Virginia Teaching License Number:

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street Address, P. O. Box)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Numbers: Work: ( ) Home: ( ) Cell: ( ) \_\_\_\_\_\_\_\_\_

Name of Employing Virginia School Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Assigned School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accreditation Status of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time Teaching Assignment (include all subjects and grade levels):

Subjects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years of Full-Time Teaching Experience Completed: \_\_\_\_\_\_\_\_\_

**APPLICANT AND SCHOOL DIVISION SUPERINTENDENT CERTIFICATION**

**Please submit the original application. Photocopies, faxes, and e-mails are not acceptable.**

**To be completed by the teacher applicant:**

By my signature, I certify that I meet the criteria checked below:

**Check Only One**.

**\_\_\_\_ 1. Teacher (Regardless of Teaching Experience) Reassigned from a Fully Accredited School to a Hard-to-Staff School or a School Not Fully Accredited:** I certify that I am a teacher employed full time in a Virginia school division; hold an active five-year Virginia teaching license (Collegiate Professional or Postgraduate Professional License) with an endorsement in Middle Education 6-8: Mathematics; Mathematics: Algebra I; Mathematics; Middle Education 6-8: Science; Biology; Chemistry; Earth Science; Physics; or Technology Education and am assigned to a teaching position full time in a corresponding STEM subject area; and I was reassigned from a fully accredited school in a Virginia school division in 2014-2015 to a hard-to-staff school or a school that is not fully accredited for 2015-2016.

**Complete the following**:

Name of Fully Accredited Virginia Public School and School Division Assigned in the 2014-2015 School Year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School School Division

Name of Hard-to-Staff School or Low-Performing Public School Not Fully Accredited and School Division Reassigned in the 2015-2016 School Year:

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School School Division

**\_\_\_\_ 2. Teacher New to the Profession or a Teacher with up to Three Years’ Teaching Experience (less than three years’ experience at time of application):** I certify that I am a teacher with up to three years of teaching experience; employed full time as a teacher in a Virginia school division, and hold an active five-year Virginia teaching license (Collegiate Professional or Postgraduate Professional License) with an endorsement in Middle Education 6-8: Mathematics; Mathematics: Algebra I; Mathematics; Middle Education 6-8: Science; Biology; Chemistry; Earth Science; Physics; or Technology Education and am assigned to a teaching position full time in a corresponding STEM subject area for 2015-2016.

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Signature of **Teacher** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**To be completed and signed by the school division superintendent:**

By my signature, I certify that the teacher has met the criteria checked above.

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Signature of the **Division Superintendent** Date

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Printed Name School Division

**PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS TO BE RECEIVED NO LATER THAN SEPTEMBER 25, 2015**: Dr. Kendra Crump, Director of Licensure and School Leadership, Virginia Department of Education, Division of Teacher Education and Licensure, P. O. Box 2120, Richmond, VA 23218-2120.