Attachment B

Superintendent’s Memo #014-23

February 3, 2023

# Virginia Department of Education  FY 2023 GROW YOUR OWN TEACHER PILOT PROGRAM

# INITIAL TEACHER FORM

The 2022 General Assembly Special Session I appropriated $240,000 for the Grow Your Own Teacher Pilot Program. This pilot program will provide grants to low-income high school graduates who attended an institution of higher education in the Commonwealth and subsequently teach in high-need public schools in the school divisions in which they graduated from high school.

## TEACHER INFORMATION:

Last Name:

First Name:

License Number:

Employing School Name:

Phone:

Teaching Assignment:

Email Address:

First Day of Employment (MM/DD/YYYY):

## TEACHER HIGH SCHOOL INFORMATION:

High School:

High School Graduation Year:

School Division:

Eligible for Free Lunch During Attendance (Y/N)?:

Email Address:

## COLLEGE/UNIVERSITY INFORMATION (List all degrees earned):

College/University:       Major: Degree Earned: Graduation Year:

College/University:       Major: Degree Earned: Graduation Year:

College/University:       Major: Degree Earned: Graduation Year:

TEACHER SIGNATURE:

*I certify that the information on this form is accurate and complete, and I meet the criteria to be considered for an award.*

Teacher Signature:

Date:

## DIVISION SUPERINTENDENT’S CERTIFICATION OF APPLICANT

**ATTENTION HUMAN RESOURCES DIRECTORS:** **Human Resources Directors must submit completed initial application forms to their Superintendent.** All applicants will be evaluated by the process established by each Superintendent’s Region to select regional nominees. Each Superintendent’s Region will determine its own process to select regional nominees based on the guidance issued in the accompanying Superintendent’s Memo. Regional nominees should be submitted to the Office of Licensure and School Leadership by March 17, 2023 for review.

I certify that the teacher named above has met the criteria for the grant, and I recommend the teacher for a grant award.

School Division:

Superintendent’s Region:

Superintendent’s Name:

Date:

Superintendent’s Signature: