Attachment C

Superintendent’s Memo #014-23

February 3, 2023

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

# CONTINUING 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 Year of Award (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 continuing application forms to their Superintendent.** Signed and completed continuing applications should be sent to Shawna LeBlond, Grants Manager, via email at [Shawna.LeBlond@doe.virginia.gov](mailto:Shawna.LeBlond@doe.virginia.gov) by March 17, 2023, for consideration. All applicants will be evaluated by the process established by the Virginia Department of Education and the State Council of Higher Education.

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

School Division:

Superintendent’s Region:

Superintendent’s Name:

Date:

Superintendent’s Signature: