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| **2022-2023 GRANT APPLICATION FOR SCHOOL DIVISIONS TO APPLY FOR APPRENTICESHIP IMPLEMENTATION GRANT** |

*Department of Teacher Education and Licensure*

*Virginia Department of Education*

*PO Box 2120*

*Richmond, VA 23218-2120*

**PROPOSAL COVER PAGE**

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| **Applying School Division:** | | | | | | |
| **Address:** | | | | | | |
| **Superintendent’s Region:** | | | **Partnering EPP(s):** | | | |
| **Name of Grant Contact:**  (Must be at School Division level) | | | | | | |
| **Title:** | | | | | | |
|  |  | |  | | | |
| **Telephone:** | | | | | | |
|  | | | | | | |
| **Email:** | | |  | | |  |
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| **Total Funding Amount Requested $** | | | | | | |
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| **Certification by the Division Superintendent:** | | | | | | | |
| I certify to the best of my knowledge that the information in this proposal is correct; the filing of this proposal is duly authorized by the school board/division; and the division will adhere to the requirements of the grant. This school division will submit to the Department of Education. | | | | | | | |
| Typed or Printed Name of Division Superintendent or Designee | | | |  | Title | | |
|  | | | |  |  | | |
| Signature of Division Superintendent or Designee | | | |  | Date | | |