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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:** |       |  |
|  |
| **Total Funding Amount Requested $**        |
|  |
| **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  |