Attachment B

Superintendent’s Memo #023-22

January 28, 2022

# Virginia Department of Education  FY 2022 GROW YOUR OWN TEACHER PILOT PROGRAM

# APPLICATION FORM



## TEACHER INFORMATION:

Last Name:

First Name:

M.I.:

License Number:

Employing School Name:

Street Address:

Apt #:

City:

State:

ZIP:

Gender:

Phone:

Email Address:

## HIGH SCHOOL INFORMATION:

High School:

High School Graduation Year:

Address:

Phone:

School Division:

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

Principal:

Email Address:

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

College(s)/University(ies):

College Graduation Year(s):

## 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 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 Superintendent’s Memo #023-22. Regional nominees should be submitted to the Office of Licensure and School Leadership by April 8, 2022, 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 Signature:

Date:

Superintendent’s Name: