2023-24 SCHEV DUAL ENROLLMENT INSTRUCTOR GRANT APPLICATION

PRINCIPAL APPROVAL

This form is to be completed by the School Principal and submitted to SCHEV with the Teacher Information Form

**School Division**

**Name of School**

**Principal Name**

**Principal Email**

**Name of Teacher**

**Registered Course(s)**

**Check here if course is part of dual enrollment instruction certification**

**Optional Bonus for Course Completion** $

(Enter optional amount of one-time award of up to $500 to be paid upon completion of course)

**Total Request Amount including tuition, fees, book allowance plus optional bonus if requested** $

**Certification by the School Principal**

I certify to the best of my knowledge that the teacher information form is correct. The applying teacher is employed at the indicated high school and is pursuing credentials to teach dual enrollment courses and the indicated course is necessary to be credentialed for teaching dual enrollment courses. The teacher and school have verified that the course(s) is/are approved for the dual enrollment area and that faculty members teaching associate degree courses designed for transfer to a baccalaureate degree, have earned a doctorate or master’s degree in the teaching discipline, or master’s degree with a minimum of 18 graduate semester hours in the teaching discipline.

Type or Printed Name of School Principal or Designee and Title

Signature of School Principal or Designee

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TEACHER INFORMATION

This form is to be completed by the teacher and submitted directly to their principal for approval. Once approved, this form should be submitted to [Abbiehandford@schev.edu](mailto:Abbiehandford@schev.edu).

To be considered for a grant, the teacher must be employed in good standing within a Virginia public high school, be enrolled into post-secondary courses necessary to be eligible to teach dual enrollment coursework within a Virginia public high school and intend to teach dual enrollment courses upon completing requirements.

**Incomplete forms will not be accepted.**

Full Name (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number:\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ (Please include prefix and number of current Virginia teaching license)

Home Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and location of high school where teacher is employed and current teaching assignment:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current teaching Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please respond to the following:**

Name of the regionally accredited Virginia public or nonprofit private institution of higher education you plan to attend: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student identification number at the eligible institution of higher education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course number and name of course to apply tuition grant funds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ex: CHEM-502: Analytical Chemistry)

(additional courses if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(additional courses if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost of course: tuition; fees; and estimated book allowance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dual Enrollment area pursued by teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date