

Advancement Award (Scholarship)
ENDORSEMENT Application Form

Name:	Primary Subject of Instruction:	Years of Teaching Experience:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Teacher's Contact Address:	Subject(s) Applying For:	For Committee Use Only:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Phone:	School:	
<input type="text"/>	<input type="text"/>	
Contact E-mail:	District:	CACTUS ID/Social Security:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Teaching Assignments:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: PEJEP Committee will be able to best recognize your qualifications for the Advancement Award Endorsement (scholarship) with concise, accurate information.

- 1. Indicate the endorsement you wish to pursue:**
- 2. Identify the institution you plan to attend:**
- 3. Indicate coursework you have completed to date for your intended program: ***

Public Education Job Enhancement Program

4. Estimate the tuition, fees, and credit hours necessary to complete your endorsement program:

<u>Semester</u>	<u>Number of Credit Hours</u>	<u>Estimated Tuition and Fees</u>

I understand that the Advancement Award (scholarship) is subject to the terms listed in the Advancement Award Contract. If I am offered an Advancement Award, and decide to accept, I agree to abide by the terms of the contract, complete my academic program in a timely manner, and fulfill the four (4) year teaching requirement thereafter. I also certify that the information I have provided in this Advancement Award application is accurate.

Signature

Sponsoring Principal:

Name: Please Print School Signature

Sponsoring Superintendent or His/Her Designee:

Name: Please Print District Signature

Superintendent or His/Her Designee Comments:

Public Education Job Enhancement Program

RELEASE OF INFORMATION

(Requires Notary Stamp)

Name: _____

Student ID: _____

SS Number: _____

I, _____ hereby give _____ permission to release the following
(Please Print) (University/Institution)
information:

Program of study–full transcript–academic standing–academic progress–current course registration

To the Public Education Job Enhancement Committee, for the purpose of establishing academic compliance with the Advancement Award Scholarship.

Signature

Date

This form must be notarized in order to be valid.

State of _____

County of _____

On this _____ day of _____, 20____

_____ is the signer of the foregoing document, and he/she acknowledges that he/she signed it.

Notary Public

My commission expires: _____

Advancement Award (Scholarship) Contract

The Utah Public Education Job Enhancement Program Committee (PEJEP) awards, and recipient accepts, a scholarship award subject to the following 10 terms and conditions:

1. Recipient is enrolled/will enroll (at the next possible enrollment opportunity) in courses at the designated educational institution where recipient may obtain an endorsement, advanced degree, or graduate degree in areas identified in 53A-1a-601(1).
2. Recipient authorizes the institution in which recipient is enrolled/will enroll to provide certification of good academic standing as specified by the committee. Students must enroll for no less than 3 credit hours and no more than 6 credit hours of study per regular school year semester. Recipient must enroll in a minimum of nine (9) credit hours during summer semesters to qualify for the summer stipend. Recipients enrolled in structured programs may receive \$4,000 summer stipends for (6) credit hours during summer semesters. Recipients earning endorsements may receive one summer stipend only. Recipients must maintain good academic standing status at their university, as defined by their endorsement, degree, or licensure program.

Recipient signifies he/she read, understands, and agrees to # 2 by initialing here _____

3. Recipient commits to teach full-time in Utah public schools in an area identified in 53A-1a-601(1) for four (4) consecutive school years following the completion of an endorsement or advanced degree.

Recipient signifies he/she read, understands, and agrees to # 3 by initialing here _____

4. If recipient fails to satisfy the teaching commitment or does not finish the endorsement, or advanced degree, recipient will be responsible to repay, a prorated amount of the scholarship funds received, under terms and conditions determined by the PEJEP Committee authorized under 53!-1a-602 (5).

Recipient signifies he/she read, understands, and agrees to # 4 by initialing here _____

5. Failure to satisfy the teaching commitment or repay the scholarship as determined by PEJEP Committee may result in:
 - A. The entire unpaid amount of the scholarship becoming due and payable immediately, including interest;
 - B. Payment by recipient of any and all necessary collection costs;
 - C. Legal action against recipient by the Governor's Office of the Utah Attorney General, and/or
 - D. Referral to Utah Professional Practices Advisory Committee.

Recipient signifies he/she read, understands, and agrees to # 5 by initialing here _____

6. Program courses and costs must be verified by the PEJEP Committee, and awards will be made upon verification.

Public Education Job Enhancement Program
Advancement Award Contract

7. Recipient shall receive notice of information and time lines regarding the scholarship.
8. Until the conditions of this scholarship are satisfied, recipient will promptly notify and inform the committee, in writing, of any change or changes in recipient's name, mailing address, telephone number, or educator license status.

Recipient signifies he/she read, understands, and agrees to # 8 by initialing here _____

9. Should recipient's license be suspended or revoked by the Utah State Board of Education, consistent with due process provided for in state law, the scholarship becomes immediately due, payable, and subject to the conditions stated in number five (5) above.

Recipient signifies he/she read, understands, and agrees to # 9 by initialing here _____

10. Exceptions to any provision of this contract must be approved in writing by PEJEP Committee.

Advancement Award Recipient

Date

PEJEC Chair

Date

USOE

Date

USOE Finance

Date

Advancement Award Evaluation Information Waiver

I understand that Principal Evaluation Forms and Superintendent Ranking Forms concerning my application are to be used by the Public Education Job Enhancement Program Committee as part of the process for determining awards. These evaluation and rankings are to be used solely for the purposes and objectives established by the Public Education Job Enhancement Program Committee authorized by Utah Code 53A-1a-601,602. Other uses are not permitted.

() I hereby expressly and voluntarily waive any and all access rights I may have to such evaluations and rankings under GRAMMA, any State law, or any other laws, regulations, agreements, contracts or policies.

Applicant Signature

Date

() I do not waive my right to review the contents of the principal and superintendent evaluations and ranking forms.

Applicant Signature

Date

**THE PRINCIPAL'S EVALUATION FORM IS PART OF THE
APPLICATION PROCESS - PLEASE ENCLOSE IT OR SEND
SEPARATELY**

ALL APPLICATIONS MUST BE SUBMITTED BY THE DISTRICT

Please address correspondence and paperwork : "PEJEP - USOE, Attn: Clara Walters" and
P.O. Box 144200 must be included after the physical address
on all mail sent to USOE

Advancement Award Evaluation Form Instructions 2006-2007

- 1) Only principals and superintendents may submit Advancement Award (scholarship) application forms.
- 2) The Advancement Award teacher application forms should be filled out by the teacher.
- 3) Principals must fill out a Principal Evaluation Form for each teacher being nominated from his/her school. Please note, the evaluation form must include a ranking of the teacher's performance.
- 4) Principal Evaluation Forms should be attached to the respective teacher applications, and all applications and evaluation forms should be submitted to district superintendents.

Note: The packet of teacher application forms and accompanying Principal Evaluation Forms sent to the district is **confidential information**, and is not to be used for **ANY** purpose other than Advancement Award determinations by the Public Education Job Enhancement Committee (PEJEC).

- 5) Superintendents must sign the Principal's Evaluation Forms for each teacher being nominated for an Advancement Award.
- 6) All applications and accompanying paperwork must be submitted to the PEJEP Committee c/o Clara Walters at the address below.
- 7) Please do not use the internet to send evaluations, and take every precaution to protect the confidentiality of the applications and evaluation forms.
- 8) **Advancement Awards (scholarships) are open for submission year-round as long as funding is available.**

Contact: Clara Walters*

USOE – Educator Licensing

250 East 500 South

P.O. Box 144200**

SLC, UT 84114-4200

Tel: (801) 538-7616 Fax: (801) 538-7973

clara.walters@schools.utah.gov

* Please address correspondence and paperwork: "PEJEP - USOE, Attn: Clara Walters"

** PO Box 144200 must be included after the physical address on all mail sent to USOE and PEJEP

Public Education Job Enhancement Program

Please indicate your overall evaluation of this candidate's proposed educational program leading to a degree, license, endorsement, etc.

1 2 3 4 5 6 7 8 9 10
Inadequate Average Outstanding

Score

Please add additional information that would be beneficial for consideration by the PEJEP Committee.

I certify that the information I have supplied in this Principal Evaluation Form is accurate, and that the accompanying Advancement Award application form is accurate to the best of my knowledge.

Principal Signature

Date

Note: All Advancement Award Applications (5 pages) plus the Principal's Evaluation Form must be sent to the District Office for signature and then on to the PEJEP Committee.

DISTRICT SUPERINTENDENT or HIS/HER DESIGNEE:

Please indicate your evaluation of this candidate's application in the "comments" below and sign below to signify your support of the candidate.

Comments: _____

I certify that the information supplied is accurate, and the accompanying Advancement Award application form is accurate to the best of my knowledge.

Superintendent/Designee Signature

Date