

Excellence in Teaching Act

Attracting Excellence to Teaching Program Application for Funds 2021-22 Award Year

		APPLICANT INFORMATION				
Last Name, First Name, MI						
Address	City	State Zip Code				
Phone	Social Security Number (Required for ce	rtification and employment verification)				
Email						
Is this your permanent address?	Yes No					
If no, please give your permanent addres	ss:					
Street Address/PO Box, City, State Zip Code						
Anticipated Graduation Date (month, year)	Student ID	#				
Applicant Signature						
(NDE) prior to receiving any junus. r agre	e to complete my teacher education p	program, become certified pursuan				
to Sections 79-806 through 79-815 R.R.S school within six (6) months of becoming under Section 79-8, 137 R.R.S. If I do not	S., and teach in an accredited or appr g certified, and for the length of time t meet the loan forgiveness obligation	oved public or nonpublic Nebrask required to have this loan forgiver s described above, I agree to repa				
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2. TEACHER EDUCATION PROGRAM CHAIR INFORMATION

Applicant's cumulative GPA*

*If the applicant's GPA is below 3.0 on a 4.0 scale, please attach a signed and dated official statement on institution letterhead that they graduated in the top 25% of their high school class.

Applicant's Program(s) of Study*

*If the applicant is applying for the first time on or after April 22, 2009, they must be majoring in a teacher shortage area. Teacher shortage areas are available on the Nebraska Teacher Education web site at: <u>https://www.education.ne.gov/educatorprep/teacher-shortage-survey/</u>

I verify that the applicant has been officially admitted to the teacher education program and is a full-time student enrolled in 24 semester undergraduate credit hours or 18 graduate credit hours in a 12-month period.

Signature of Teacher Education Program Chair

Date

3. FINANCIAL AID OFFICER INFORMATION

Is the applicant a prior AETP loan reci	pient?	Yes	Year			No	
Amount of 2021-22 Forgivable Loan	\$3,000						
	(\$3,000 annual m	naximum)	-				
I verify that the applicant is a resident Nebraska student.							
Signature of Financial Aid Officer					Date		

It is the policy of the Nebraska Department of Education not to discriminate on the basis of sex, disability, race, color, religion, marital status, age, or national or ethnic origin in its educational programs, admission policies, employment or other agency administered programs.

This application is a public record.

	NDE	USE ONLY
Approved: 🛛 Yes	🗆 No	Reviewer:
Reason for Denial:		Date: