OFFICE OF HIGHER EDUCATION

Phone: (651) 642-0567
Toll Free: (800) 657-3866
Fax: (651) 642-0675

| **Minnesota Teacher Candidate Grant Application** |
| 2017-2018 |
| Instructions |
| Page 1 |

Read instructions before completing application. Incomplete applications will not be processed.

Return the application to:

Minnesota Teacher Candidate Grant

Minnesota Office of Higher Education

1450 Energy Park Drive, Suite 350

St. Paul, MN 55108-5227

Complete Application Checklist

In order for your application to be considered **complete**, your application must include the following:

- ❐ **Student Section** including all the required information that is signed and dated
- ❐ Completed **Free Application for Federal Student Aid (FAFSA)** or **Minnesota Dream Act application**
- ❐ **College or University Section** completed by an authorized representative at the college or university you attend that includes all of the required information

Program Information

The Minnesota Teacher Candidate Grant provides postsecondary financial assistance to eligible students enrolled in Minnesota teacher preparation programs during **one** term in which the student is completing a required 12-week or more student teaching experience. On a funds available basis, selected undergraduate and graduate students may receive awards of up to $7,500. Applicants must intend to work in an identified shortage area and/or belong to a racial or ethnic group underrepresented in the Minnesota teacher workforce to be eligible.

Eligibility

To be eligible, teacher candidates must:

- Be enrolled in a Minnesota teacher preparation program approved by the Minnesota Board of Teaching that requires at least 12 weeks of student teaching in order for the teacher candidate to be recommended for a full professional teaching license;
- Intend to teach in an identified shortage area or belong to a racial or ethnic group underrepresented in the Minnesota teacher workforce (see www.ohe.state.mn.us/teachercandidategrant for details);
- Be meeting Satisfactory Academic Progress (SAP) requirements as defined by the institution;
- Complete a Free Application for Federal Student Aid (FAFSA) or MN Dream Act application for aid year; and
- Demonstrate financial need.

Important Information

- Grants are awarded, in part, based on the date your application is **complete**.
- A percentage of award funds are reserved for eligible applicants who belong to a racial or ethnic group underrepresented in the Minnesota teacher workforce.
- Teacher Shortage Areas are annually identified by the Minnesota Department of Education. A list is available at: www.ohe.state.mn.us/teachercandidategrant.
- Recipients who do not complete the student teaching experience or who teach outside of Minnesota during the first year after completing their student teaching experience may be required to repay the award.

Questions??

- If you need assistance filling out this application or have any questions, please contact us at:
  Telephone Number (800) 657-3866 or (651) 642-0567
- You can also submit email inquiries to info.ohe@state.mn.us.
- Be sure to specify your inquiry is related to the Minnesota Teacher Candidate Grant Program.

Eligible Colleges and Universities – Use this list to answer Question 13 of the application

Augsburg College	Hamline University	St. Olaf College
Bemidji State University	Martin Luther College	University of Minnesota, Crookston
Bethany Lutheran College	Metropolitan State University	University of Minnesota, Duluth
Bethel University	Minnesota State University, Mankato	University of Minnesota, Morris
Carleton College	Minnesota State University, Moorhead	University of Minnesota, Twin Cities
College of St. Benedict	North Central University	University of Northwestern, St. Paul
College of St. Scholastica	Southwest Minnesota State University	University of St. Thomas
Concordia College, Moorhead	St. Catherine University	Walden University
Concordia University, St. Paul	St. Cloud State University	Winona State University
Crown College	St. John's University	
Gustavus Adolphus College	St. Mary's University of Minnesota	

License Area – Question 14 of the application

List the licensure area in which you will be recommended for a full professional teaching license after completing your student teaching experience and academic program.

A list of eligible licensure areas is available at: www.ohe.state.mn.us/teachercandidategrant.

Notice to Applicants

Alternate Format Available

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 355-0606.

Social Security Number

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. The Social Security number will be used by the Minnesota Office of Higher Education (MOHE) to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Teacher Candidate Grant program for such purposes as processing the application form, program evaluation, and reporting. You are being advised that disclosure of your Social Security number is voluntary. However, failure to submit your Social Security number may prevent further processing of this form.

Use of Data

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2, you are hereby informed that the information supplied in this form may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; and (2) for compilation and analysis of summary data relative to this program. Private data, including identifying information, will not be disclosed under Minnesota Statutes, Sec. 13.32, unless otherwise stated by statute or at the request of the Legislative Auditor. You are not required to provide the information supplied in this form. However, failure to submit requested data may prevent further processing of this form. The information supplied in this form may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

Family Education Rights and Privacy Act of 1974 (FERPA)

FERPA pertains specifically to education records of students, affording them certain rights with respect to those records. Education records are records that directly relate to a student and are maintained by an institution or a party acting as an institution. FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1). Almost all postsecondary institutions, both public and private, generally receive such funding and must comply with FERPA. Under FERPA, students are given three primary rights: (1) inspect and review their education records; (2) have some control over the disclosure of information from their education records; (3) and seek to amend incorrect education records.

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Page 1 – Student Section

Student Info – All Information Required

1. Name (Last, First, Middle)			2. Social Security Number	
3. Mailing Address			4. E-Mail Address	
5. City	6. State	7. Zip Code	8. Telephone Number ( ) -	
9. Permanent Address (if different from mailing address)		10. City	11. State	12. Zip Code
13. College or University (Only Colleges and Universities listed on Page 2 of the Instructions are eligible)				
14. Licensure Area				

Student Section – Optional Information

Questions in this section are optional however teacher candidates who belong to a racial or ethnic group underrepresented in the Minnesota teacher workforce are given priority in the awarding process.

15. Are you Hispanic or Latino?	☐ Yes	☐ No
16. Select one or more of the following races:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander ☐ White

Student Teaching Experience Placement Info – All Information Required

17. School/Location

STUDENT CERTIFICATION AND PERMISSION FOR RELEASE OF INFORMATION
Please check the box next to each statement indicating that you understand the statement:

☐ I understand if I am awarded and I do not complete the student teaching experience or teach outside of MN in the first year after completing my student teaching experience I may be required to repay the award.

☐ I give permission to my college and MOHE to verify the information provided on this application and to obtain information for all funding sources relating to this application.

☐ I give permission to my college and/or MOHE to enter the information from this application onto the web-based application on my behalf.

☐ I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I promise to provide a written report to MOHE of any changes.

☐ I understand this form is used to establish eligibility for this program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program.

☐ I understand that any changes in my FAFSA, MN Dream Act Application, Pell Grant, MN State Grant, or other state or federal financial aid may cause my grant award to be adjusted.

☐ I understand that all awards are subject to the availability of funds.

☐ I certify that I have read and understand the Notice to Applicants section in the form instructions.

Applicant Signature	Date

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Page 2 – College or University Section

Student Info

Student Name	Social Security Number
College or University Name	Federal School Code

Financial Aid Office Verification of Student Status – All Information Required

Is the student a Minnesota Resident Student for State Financial Aid purposes? (Student does not have to be a Resident Student to be eligible. Information will be used for program evaluation)	☐ Yes ☐ No
Is this an initial or updated version of this form?	☐ Initial ☐ Updated
In which Licensure Area(s) will the student be recommended for a full professional teaching license after completing this student teaching experience? (A list of eligible licensure areas by institution is available at www.ohe.state.mn.us/teachercandidategrant)	
Location of the student teaching experience? (if not located in MN, also list state and/or country of the placement location)	School/Location
Current degree student is seeking:	☐ Bachelor's ☐ Graduate/Master's ☐ Post-Baccalaureate
Current Student FA Eligibility Status:	☐ Eligible ☐ Academic Suspension ☐ In Default on Federal or State Loan ☐ Other

Financial Aid Office Student Budget Data – All Information Required

Important:	Only include budget information for **one** term in which the applicant is completing a required 12-week or more student teaching experience. List grants, scholarships, and institutional aid the student is receiving or expected to receive. **Do not** list state or federal work-study or federal, state, or private loans.

Term	☐ Summer 2017	☐ Fall 2017	☐ Winter 2017/2018	☐ Spring 2018	☐ Summer 2018
Start and End Date	From:	To:	Title IV Cost of Attendance (COA) for this term:		$
Resources (Term Only)	Parent Contribution:$	Student Contribution: $	Total Resources (EFC):		$
			Assessed Need (COA – EFC)		$
			Pell Grant		$
			SEOG		$
			MN State Grant		$

List **all** other federal, state, college, institutional, private, or other grants and scholarships the student is receiving or is expected to receive. Include the name of each grant/scholarship. Do **not** complete if student has not completed the FA process at your institution.		$
		$
		$
		$
	Balance:	$

Financial Aid Office Certification

College or University Authorized Representative Name:	
Signature	Date