

Maine Department of Education

National Board for Professional Teaching Standards (NBPTS) Certification

SCHOLARSHIP FUND REQUEST

Per 20-A MRSA §13013-A subsection 5 & 6; as Amended by PL 2012, c. 702

		Date:	
SCHOOL/DISTRICT NAME		ADDRESS - CITY, STATE, ZIP:	

Superintendent/Director Name:		
Person Completing Form/Contact Name:		
Telephone Number:		
Fax Number:		
E-mail Address:		

Instructions: Complete the form below with the required information for the teacher in your School Administrative Unit, publicly supported secondary school, or CTE Region for the current school year that meets the following eligibility requirements:

1. Currently employed by a school administrative unit, publicly supported secondary school, or CTE Region _____
2. Has completed at least 3 years of teaching in the State _____
3. Has agreed to mentor at least one other teacher employed in Maine through the national board certification process _____
4. Has provided documentation to the SAU proof of acceptance into the certification program _____
5. Has or will provide Proof of Purchase to the SAU for all Eligible Components; and _____
6. Has disclosed any other funds received to cover the cost of the certification program. _____
7. Current number of components submitted to NBPTS: _____

Teacher Eligibility Information:			
Teacher Name:			
Staff ID No.:			
email:			
School Name:			
Position Title:			
Number of years teaching in State:			
Fees Covered by Scholarship Funds: Components 1 Initial Fee \$475.00 Component 2 Initial Fee \$475.00 Component 3 Initial Fee \$475.00 Component 4 Initial Fee \$475.00	Enter a #1 for each request	Cost	
			Scholarship Funds Requested: \$0.00
			Less all other funds received: \$0.00
			Scholarship Amount: \$0.00
			<u>\$0.00</u>

I certify that the information contained herein is accurate to the best of my knowledge and belief.
 I further acknowledge that supporting documentation for all eligibility requirements are on file at the SAU and available upon request.

 (Signature of Superintendent/Director)

 (Date)

SIGN AND RETURN TO: Michael T. Perry
Email: Michael.T.Perry@maine.gov
copy: Sheryl.Banden@maine.gov

Department of Education
 23 State House Station
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