

# PAUL DOUGLAS TEACHER SCHOLARSHIP PROGRAM

## -- Teaching Confirmation Form --

The Paul Douglas Teaching Scholarship Program awarded scholarships to students pursuing a career in teaching. The Program requires each recipient to teach two years for each year of scholarship assistance or one year for each year of assistance if teaching in a U.S. Department of Education approved Teacher Shortage Area. Teaching in a proprietary (private for-profit) institution or part-time cannot count towards fulfilling the requirement. A scholar who does not complete the teaching obligation is required to repay the amount of scholarships he or she has received, prorated according to the fraction of any teaching obligation not completed, plus interest and collection fees.

### Part I - - To Be Completed By Scholarship Recipient

(Please type or print the information clearly)

#### Personal Information

Mr/Ms/Miss/Mrs Name: \_\_\_\_\_  
(last) (first) (middle init.)

Permanent Mailing Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) (state) (zip code)

Telephone (home): (\_\_\_\_\_) \_\_\_\_\_ College Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (year)

Telephone (work): (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name While In College: \_\_\_\_\_  
(if different than above) (last) (first) (middle init.)

#### Professional Information

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

School Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

School Telephone: (\_\_\_\_\_) \_\_\_\_\_ Grade Level Taught: \_\_\_\_\_

Teaching Service At This School Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Until: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (year) (month) (year)

Subject Area Taught: \_\_\_\_\_

\_\_\_\_\_ Public School \_\_\_\_\_ Private/Non-Profit School \_\_\_\_\_ Shortage Area\*  
\_\_\_\_\_ Pre School \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary Level

**Note:** If you wish to be considered for Shortage Area credit, please include a letter of explanation, including when you began teaching in the Shortage Area. Shortage Areas can change from year-to-year. Visit [www.ed.gov/studentaid/repayment/teachers/index.html](http://www.ed.gov/studentaid/repayment/teachers/index.html) for a complete national listing.

**"I declare that I am or was teaching Full-Time, at the school, in the subject area, and during the time frame indicated above."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II - - To Be Completed By School Principal

(Please type or print the information clearly)

Mr/Ms/Miss/Mrs Name: \_\_\_\_\_  
(last) (first) (middle init.)

Title: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

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

Did the teacher teach an average of one or more classes per day, for the period indicated, in a Teacher Shortage Area designated by the U.S. Department of Education? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please indicate the time frame; From \_\_\_\_\_ / \_\_\_\_\_ Until: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year) (month) (year)

and indicate the Teacher Shortage Area taught: \_\_\_\_\_

**"I certify that the information stated in Part I and II above is true. The person named above is or was teaching full-time at the school in the subject area and during the time frame indicated."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order to receive credit towards the teaching obligation, the completed form should be mailed to:

State Council of Higher Education for Virginia  
Paul Douglas Teacher Scholarship Program  
101 North Fourteenth Street  
James Monroe Building, Ninth Floor  
Richmond, Virginia 23219

This form also can be found online (<http://www.schev.edu/Students/forms/pdtsconfirmation.pdf>).

If you have any questions about this program or your current status, please contact our office at (804) 225-2600.