

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

Priority Deadlines

Fall 2019: **August 16th, 2019**

Spring/Summer 2020: **December 13th, 2019**

All awards are based on funds availability. Eligible students with complete applications on file by the dates above will be considered for awards in the specified term. After all available funds have been awarded, completed applications will be placed on a waiting list. Applications will still be accepted after these dates but students are much less likely to be awarded.

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, at a minimum:

- Be enrolled in a Minnesota teacher preparation program approved by the MN Professional Educator Licensing and Standards Board (PELSB) that requires at least 12 weeks of student teaching in order for the teacher candidate to be recommended for a Tier 3 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.

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.

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 PELS and include shortage areas based on the license field and the location where the applicant intends to teach after receiving license.
- Recipients who do not complete the student teaching experience may be required to repay the award and if possible, recipients should contact the financial aid office before withdrawing.

Teacher Licensure Field – Question 17 of the application

List the teacher licensure field(s) in which you will be recommended for a Tier 3 license after completing the student teaching experience during the term you are applying for the grant. Examples: Elementary Education, Special Education: Academic and Behavioral Strategist, Communication Arts and Literature, etc.

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 (800) 657-3866 or (651) 642-0567.

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.

Application Info

1. Check the term for which you are applying to receive this grant (you must be completing an eligible student teaching experience in this term to be eligible for an award)
- Fall 2019
 Spring or Summer 2020

Student Info – All Information Required

| | | | | |
|---|----------|-------------|------------------------------|--------------|
| 2. Name (Last, First, Middle) | | | 3. Social Security Number | |
| 4. Mailing Address | | | 5. E-Mail Address | |
| 6. City | 7. State | 8. Zip Code | 9. Telephone Number () - | |
| 10. Permanent Address (if different from mailing address) | | 11. City | 12. State | 13. Zip Code |
| 14. College or University | | | | |

Race and Ethnicity – Optional

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

Teacher Licensure Field and Student Teaching Experience Placement Info – Optional

Questions in this section are optional. If you are selected for an award, your college or university will be required to provide the information before any payment.

17. Teacher Licensure Field (See Instructions)

18. 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 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 |
|---------------------|------|

Student Info

| | |
|----------------------------|--|
| Student Name | Social Security Number (last 4 digits) |
| 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this an initial or updated version of this form? | <input type="checkbox"/> Initial | <input type="checkbox"/> Updated |
| Current degree student is seeking: | <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Post-Baccalaureate | |
| Current Student FA Eligibility Status: | <input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> In Default on Federal or State Loan <input type="checkbox"/> Other | |

Academic Information – Information Required for Payment

| | |
|---|--|
| In which teacher licensure field(s) will the student be recommended for a Tier 3 license after completing this student teaching experience? | |
| Location of the student teaching experience? (if not located in MN, also list state and/or country of the placement location) | |

Financial Aid Office Student Budget Data – All Information Required

| | | | |
|---|--|--------------------------------------|---|
| Important: | Only include information for 1 term in which the applicant is completing an eligible 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 | <input type="checkbox"/> Fall 2019 | <input type="checkbox"/> Spring 2020 | <input type="checkbox"/> Summer 2020 |
| 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. | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| IMPORTANT: If balance is \$0 or negative, student is not eligible to receive an award | | Balance: | \$ |

Financial Aid Office Certification

| | |
|---|------|
| College or University Authorized Representative Name: | |
| Signature | Date |