



# Attracting Excellence to Teaching-Student Teaching Program Application for Funds 2024-25 Award Year

## 1. APPLICANT INFORMATION

Last Name, First Name, MI

Address

City

State

Zip Code

Phone (Required)

Social Security Number (Required for certification and employment verification)

Email (2 Required, personal and school)

Is this your permanent address?

Yes \_\_\_

No \_\_\_

If no, please give your permanent address:

Street Address/PO Box, City, State Zip Code

Anticipated Graduation Date (month, year)

Student ID#

## Applicant Signature

I confirm that the information on this application is, to the best of my knowledge, accurate and true. I understand that if my application is approved, I must then enter into a contract with the Coordinating Commission for Postsecondary Education (Commission) prior to receiving any funds. I agree to complete my teacher education program, become certified pursuant to Sections 79-806 through 79-815 R.R.S., and teach in an accredited or approved public or nonpublic Nebraska school within six (6) months of becoming certified, and for the length of time required to have this loan forgiven under Section 79-8, 137 R.R.S. If I do not meet the loan forgiveness obligations described above, I agree to repay the scholarship in accordance with the laws and regulations of the Excellence in Teaching Act.

### United States Citizenship Attestation

I hereby attest that my response and the information provided below and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-113, I attest as follows (choose one):

\_\_\_ I am a citizen of the United States.

\_\_\_ I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_

and I agree to provide a copy of my USCIS documentation upon request.

Signature of Applicant

Date

## 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:

<https://www.education.ne.gov/educatorprep/teacher-shortage-survey/>

***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. In addition, I am verifying that the applicant will be student teaching during the award year.***

\_\_\_\_\_  
Signature of Teacher Education Program Chair

\_\_\_\_\_  
Date

## 3. FINANCIAL AID OFFICER INFORMATION

Is the applicant a prior AETP loan recipient?  Yes Year \_\_\_\_\_  No

Amount of 2024-25 Forgivable Loan \$3,000  
(\$3,000 annual maximum)

***I verify that the applicant is a resident Nebraska student.***

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date

*It is the policy of the Coordinating Commission for Postsecondary 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.*

### CCPE USE ONLY

Approved:  Yes  No

Reviewer: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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