

Missouri Advanced Candidate Subsidy Application for National Board Funding 2011

***indicates required fields that must be completed for consideration for funding**

*Candidate ID Number: _____ *Regional Professional Development Center: _____
(see link to RPDCs)

*Date of Birth: _____ *Social Security Number: _____

Ethnicity: Caucasian African-American American-Indian or Alaskan Hispanic Pacific Islander Asian Other
(Circle)

Gender: Male _____ Female _____ Union affiliation: _____

*Previous Subsidy Candidate: Yes _____ No _____ *Score from Score Reporting Form: _____

*Number of Entries to be submitted: _____

*Prefix: Mr. Miss. Mrs. Ms.

*Portfolio/entries due date: _____

*First Name MI Last Name Maiden Name

*Home Mailing Address City State Zip Code

*Home Phone Home Email Address

*School District *County/District Code *School Building

*School Address City State Zip Code

*School Phone *Email Address

*Hold a valid Missouri Teaching Certificate: Yes _____ No _____ *Are you currently teaching? Yes _____ No _____

*Number of Years Teaching: _____ *Year certification was received: _____ *Highest degree earned: _____

*Type of school: Public _____ Private _____ Lab _____ Charter _____ *Type of district: Rural _____ Urban _____ Suburban _____

*Building Free/Reduced Lunch Percentage _____
* Achieved AYP: Yes ___ No ___ *Title I School: Yes ___ No ___ * In School Improvement: Yes ___ No ___
*Building Student Population **If Yes, what year?
Asian ___ Black ___ Hispanic ___ Indian ___ White ___ Year 1 ___ Year 2 ___ Year 3 ___

Mail or fax application and a copy of your score report form from NBPTS to: Linda Dooling
Educator Development, Department of Elementary and Secondary Education
P O Box 480
Jefferson City, MO 65102
Fax: 573-522-6526

I understand that if I receive subsidy funding, said funding will support **one retake entry** and it will be my responsibility to find an outside funder, scholarship, or enlist school district support for part or all of my remaining obligation. I also understand that payment for all entries above the one subsidized has to be received by NBPTS prior to the state posting funding for my state subsidized entry. I acknowledge that I understand I have **two weeks** after notification that I will receive state subsidy, to post payment and that noncompliance will result in loss of state funding.

By completion of this application, I hereby request consideration for Missouri State Subsidy Funding.

Signature

Date