



Candidate Application for the Classified Employee Grant 2019-2020 Phase II

<p>Requirements:</p>	<p><input type="checkbox"/> Minimum of 60 credits</p> <p><input type="checkbox"/> Cumulative GPA of 2.75</p> <p><input type="checkbox"/> Currently employed at School District or County Office</p> <p><input type="checkbox"/> Attach unofficial transcripts from all schools attended</p> <p><input type="checkbox"/> Attach CBEST & CSET scores, if completed (This is not required for acceptance into the program)</p> <p><input type="checkbox"/> Attach (2) Letters of Recommendation</p> <p><input type="checkbox"/> Attach application to Feather River College (required class for Advanced Test Prep for anyone who has not passed both CBEST and CSET)</p> <p><input type="checkbox"/> Attach acceptance letter of credential program, if applicable</p>	<p><i>For Internal Use Only:</i></p> <p><i>Date received:</i></p>
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PERSONAL INFORMATION

Full Name: _____ Maiden/Other Name: _____

Home Mailing Address: _____

Street
City
State
Zip Code

Primary E-mail: _____ Alternate E-mail: _____

Primary Phone No. _____ Alternate Phone No. _____

Ethnicity: _____ Decline to State

IDENTIFICATION VERIFICATION *(for CTC credentialing purposes)*

Social Security Number: _____ Date of Birth: _____

EMPLOYMENT VERIFICATION

County: _____ Employer District: _____

Current Position: _____ Years of Employment: _____

School Site, if applicable: _____ School Address: _____

Site Administrator: _____ Site Administrator E-mail: _____



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COLLEGE COURSEWORK QUESTIONNAIRE

Do you have a Bachelor's Degree?

Yes No

If yes, date you were awarded it. _____

College it was from: _____

Do you have an AA Degree?

Yes No If yes, date you were awarded it. _____

Are you **currently** enrolled at a Community College?

Yes No If yes, where? _____

Are you **currently** enrolled at a 4 Year College?

Yes No If yes, where? _____

Are you **currently** enrolled in a Credential Program?

Yes No If yes, where? _____

Attach your acceptance letter

If you don't have a Bachelor's degree, when do you anticipate receiving it?

Spring 2019 Summer 2019 December 2019
 Spring 2020 Summer 2020 Other: _____

Have you identified where you would like to apply to a Credential Program?

Yes No

If yes, when do you plan on beginning the program? _____

Where? _____

Are you currently taking any prerequisite courses required for acceptance into a credential program?

Yes No

Have you completed all prerequisite courses for your credential?

Yes No Not required



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COLLEGE COURSEWORK VERIFICATION

Please note that the candidate must forward official *sealed* transcripts to Grant Personnel to confirm the information provided below.

College Attended: _____ Dates of Enrollment: _____

Number of Completed Credits: _____ GPA: _____

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TESTING VERIFICATION

Note: This is not a requirement for acceptance into the program.

All enrolled candidates are required to take and pass the CBEST before exiting the credential program. Please indicate whether at this time, this requirement has been satisfied.

I have completed the CBEST requirement. Date of Completion: _____
A copy of the official CBEST score is to be submitted with the completed Letter of Commitment

I have not yet completed the CBEST requirement.
Your Advisor will work with you to include this in your Credentials Pathway plan that will be developed during advisement.

I have completed the CSET requirement. Date of Completion: _____
A copy of the official CSET score is to be submitted with the completed Letter of Commitment

I have not yet completed the CSET requirement.
Your Advisor will work with you to include this in your Credentials Pathway plan that will be developed during advisement.

ADDITIONAL REQUIRED INFORMATION

Two (2) letters of recommendation (*see attachment*)

Personal Statement (*please attach to completed application*)



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LETTER OF RECOMMENDATION

This recommendation is in support of: _____
Name of Applicant

This recommendation is submitted by: _____
Please print

Job Title: _____ Contact Information (e-mail/phone #): _____

Years You Have Worked with the Applicant: _____

Please describe why this applicant should be selected to participate in this grant-funded, credential program.

Attach both letters of recommendation to this application



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PERSONAL STATEMENT IN SUPPORT OF CLASSIFIED EMPLOYEE GRANT APPLICATION

Name of Applicant: _____
Please Print

County: _____ District Employer: _____

The credential I am seeking to secure:

- Multiple Subject (Pre-K thru Grade 6)
- Single Subject (Grade 6 thru Grade 12) Content Area: _____
- Education Specialist: Mild/Moderate (*Please note that this is a Special Education teaching credential*)
- Education Specialist: Moderate/Severe (*Please note that this is a Special Education teaching credential*)

In addition, I am interested in pursuing a bilingual or cross-cultural certification.

- Yes; this is of interest to me.
- No; this is not of interest to me at the present time.

Please respond to the following prompts. You may continue your responses on an additional attachment if needed.

1. Please describe your experiences working with students in an educational setting.



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2. What contributed to your desire to become a classroom teacher?

3. What additional information do you want the Selection Committee to consider as they review your application?