



## Candidate Application for the Classified Employee Grant

<b>Requirements:</b>	<input type="checkbox"/> Minimum of 60 credits <input type="checkbox"/> Cumulative GPA of 2.75 <input type="checkbox"/> Currently employed at School District or County Office <input type="checkbox"/> Attach unofficial transcripts from all schools attended <input type="checkbox"/> Attach CBEST & CSET scores, if completed (This is not required for acceptance into the program) <input type="checkbox"/> Attach (2) Letters of Recommendation <input type="checkbox"/> Feather River College Application	<i>For Internal Use Only:</i>  <i>Date received:</i>
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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

### EMPLOYMENT VERIFICATION

County: \_\_\_\_\_ Employer District: \_\_\_\_\_

Current Position: \_\_\_\_\_ Years of Employment: \_\_\_\_\_

School Site, if applicable: \_\_\_\_\_ School Address: \_\_\_\_\_

Site Administrator: \_\_\_\_\_ Site Administrator E-mail: \_\_\_\_\_



## Classified Employee Grant Education 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? \_\_\_\_\_

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

Dec 2018     Spring 2019     Summer 2019

Dec 2019     Spring 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? \_\_\_\_\_

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



**COLLEGE COURSEWORK VERIFICATION**

College Attended: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Number of Completed Credits: \_\_\_\_\_

GPA: \_\_\_\_\_

College Attended: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Number of Completed Credits: \_\_\_\_\_

GPA: \_\_\_\_\_

College Attended: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Number of Completed Credits: \_\_\_\_\_

GPA: \_\_\_\_\_

College Attended: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Number of Completed Credits: \_\_\_\_\_

GPA: \_\_\_\_\_

**TESTING VERIFICATION**

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

I have completed the CBEST requirement. Date of Completion: \_\_\_\_\_  
*A copy of the official CBEST score is to be submitted with this application*

I have completed the CSET requirement. Date of Completion: \_\_\_\_\_  
*A copy of the official CSET score is to be submitted with this application*

**ADDITIONAL REQUIRED INFORMATION**

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

**Personal Statement** (*please complete questions 1-3*)



## 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: \_\_\_\_\_

The Classified Employee Grant will provide support to county-employed, aspiring educators seeking to secure their California Preliminary Teaching Credential. The financial award supports ongoing advisement, tutoring services, course enrollment and resources, and test fees.

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



## 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.



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?