

Barnard Noyce Teacher Scholars Program Verification of Teaching Obligation

1. Scholar/ Teacher

Name: _____ Date of Birth: _____

Permanent Address: _____

Work Address: _____

Email Address: _____ Telephone number: _____

I certify that the information I have provided above is current and accurate.

Signature: _____ Date: _____

2. School District

(A). School District: _____

Address: _____

(B). School District Verification of Employment.

Name of District Official: _____

Title: _____

Email Address: _____ Telephone number: _____

(C). Certification of Employment.

I certify that _____ has been employed as a

full time

part time

teacher at _____, a school in a high-need school district,

for the _____ - _____ academic year as a Barnard Noyce Teacher Scholar.

I certify that _____ school, in a high-need school *district*,

meets **at least one** of the following criteria:

- (i) The district has at least one school in which 50% or more of the students enrolled are eligible and qualify for participation in the free and reduced cost lunch program.
- (ii) Over 34% of the academic classrooms at the secondary level do not have an undergraduate degree with a major/minor in, or graduate degree in, the academic field in which they teach a large percentage of their classes.
- (iii) Over 34% of the teachers in two academic departments do not have an undergraduate degree with a major or minor in, or a graduate degree in the academic field in which they teach a large percentage of their classes.
- (iv) The school district has at least one school whose teacher attrition rate has been 15% or greater over the last three years.

NOTE: If none of these categories applies to the school in which the individual is teaching, please notify the individual immediately. She is at risk of becoming legally responsible for repayment of the full amount of her scholarship.

Questions/Comments _____

I certify that the information contained in this document is correct.

Signature of School District Official

Date

Print Name of School District Official

Title of School District Official

Please return this form by emailing the Program Coordinator at nstaropo@barnard.edu or mailing it to: Nicholas Staropoli
Barnard College Education Program
301 Milbank Hall
3009 Broadway
New York, NY 10027