



1511 Gypsum, P.O. Box 797
Salina, Kansas 67402-0797
785-309-4729

LIFT Application (Loan Initiative for Future Teachers)

APPLICATION DUE DATE: January 31, annually

This electronic application form can be completed and saved to your computer. Complete Section A and email as an attachment to: michael.chambers@usd305.com

NOTE: Request college transcripts and deliver all required forms to your two references and high school official so that they have plenty of time to complete and return forms. It is your responsibility to make sure all forms are delivered and received by the deadline date. Incomplete applications and applications not received by the deadline date/hour will not be processed.

APPLICANT CHECKLIST:

SECTION A: LIFT Program Application Form This electronic application form can be completed and saved to your computer. please email section a (page 2 of this document) immediately so that we can communicate with you regarding the status of your application. send as an attachment to: michael.chambers@usd305.com

SECTION B: LIFT Essay Form Submit a two page (maximum) description of yourself. Address the following issues: (1) why you desire to become a teacher, (2) what specific skills or strengths you possess that would contribute to your becoming a teacher, (3) grade level and subject area you would like to teach and why, (4) what does diversity mean to you, (5) include a list of activities you are involved in such as volunteer or community service, employment, hobbies, etc. Optional: You may discuss special circumstances or need.

SECTION C: Reference Reports (2) Give to two persons (not relatives) who have the ability to answer all questions. Reports are to be mailed directly to the Salina Education Foundation, Box 797, Salina, KS 67401. Include an addressed, stamped envelope for their convenience.

SECTION D: High School Transcript(s), ACT/SAT Scores and College Transcripts (if applicable) Give form to high school counselor or school official. Reports must be mailed or delivered directly to the Salina Education Foundation, Box 797, Salina, KS 67401. All post-secondary transcripts must be mailed or delivered directly to the Salina Education Foundation, Box 797, Salina, KS 67401. Include an addressed, stamped envelope for his/her convenience.

SECTION E: Attestation of Eligibility

SECTION A: LIFT PROGRAM APPLICATION FORM

To be completed by application and submitted immediately.

NOTE: All submissions become the property of the Salina Education Foundation and will not be returned. Please keep a copy for your records. Send this completed Section A to: Michael.chambers@usd305.com

PART I:

LAST NAME	FIRST NAME	MIDDLE INITIAL
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PERMANENT ADDRESS	EMAIL
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CITY	STATE	ZIP
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TELEPHONE NUMBER

PART II:

NAME OF CLOSEST RELATIVE	RELATIONSHIP
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ADDRESS	EMAIL
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CITY	STATE	ZIP
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TELEPHONE NUMBER

PART III:

HIGH SCHOOL ATTENDED	YEAR OF GRADUATION
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COLLEGE ATTENDING/PLANNING TO ATTEND	ANTICIPATED YEAR OF GRADUATION
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MAJOR	TEACHING LEVEL (PRESCHOOL, ELEMENTARY, MIDDLE SCHOOL, HIGH SCHOOL)
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SECTION B: LIFT PROGRAM ESSAY PAGE 1

Submit a two page (maximum) description of yourself. Address the following issues: (1) why you desire to become a teacher, (2) what specific skills or strengths you possess that would contribute to your becoming a teacher, (3) grade level and subject area you would like to teach and why, (4) what does diversity mean to you, (5) include a list of activities you are involved in such as volunteer or community service, employment, hobbies, etc. Optional: You may discuss special circumstances or need

SECTION C: REFERENCE – RESPONDENT’S REPORT 1

Obtain a reference from an individual (not a relative) who can supply all the requested information. For their convenience, include a stamped envelope addressed to:

Salina Education Foundation, Box 797, 1511 Gypsum Ave, Salina, KS 67401

NOTE: It is your responsibility to make sure that references receive these forms in a timely manner so that the forms are received at the Salina Education Foundation no later than January 31 at 4:45 PM.

RESPONDENT ONE:

NAME		PHONE
ADDRESS		EMAIL
CITY	STATE	ZIP

_____ is an application for the Loan Initiative for Future Teachers (LIFT) program and has requested that you serve as a reference. The LIFT program is sponsored by the Salina Education Foundation and awards up to \$5,000 per year to deserving students who commit to becoming teachers and returning to Salina Public Schools (USD 305) to teach. Please complete this form and mail to the address highlighted at the top of this page.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____

Please respond to the following areas regarding the candidate, using a 1 (poor) – 4 (excellent) rating scale:

- | | | | | |
|-----|----|---|---|---|
| 1 | 2 | 3 | 4 | 1. Ability to work with others – has a teamwork approach to solve problems. |
| 1 | 2 | 3 | 4 | 2. Commitment to excellence – willing to put time and effort into tasks. |
| 1 | 2 | 3 | 4 | 3. Models appropriate behavior – appearance, poise, good role model. |
| 1 | 2 | 3 | 4 | 4. Energy Level/Enthusiasm – overall optimism & zeal, willingness to be involved. |
| 1 | 2 | 3 | 4 | 5. Growth Oriented – coachable, seeks out growth opportunities, strives to improve. |
| 1 | 2 | 3 | 4 | 6. Flexibility – ability to change with the times, adaptable. |
| 1 | 2 | 3 | 4 | 7. Relationship Building-ability to relate to and build relationships with others |
| YES | NO | | | 8. Would you want this person teaching your child/grandchild? |

Please attach a one page sheet describing the applicant. Include the following: applicant’s strongest quality, applicant’s weakest quality, why this person would be a good future teacher, reservations you have about this applicant’s ability and/or anything else that would be beneficial in helping us make a determination about this applicant.

RESPONDENT NAME	DATE
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Thank you for your participation in the LIFT Program!

SECTION C: REFERENCE – RESPONDENT’S REPORT 2

Obtain a reference from an individual (not a relative) who can supply all the requested information. For their convenience, include a stamped envelope addressed to:

Salina Education Foundation, Box 797, 1511 Gypsum Ave, Salina, KS 67401

NOTE: It is your responsibility to make sure that references receive these forms in a timely manner so that the forms are received at the Salina Education Foundation no later than January 31 at 4:45 PM.

RESPONDENT TWO:

NAME	PHONE	
ADDRESS	EMAIL	
CITY	STATE	ZIP

_____ is an application for the Loan Initiative for Future Teachers (LIFT) program and has requested that you serve as a reference. The LIFT program is sponsored by the Salina Education Foundation and awards up to \$5,000 per year to deserving students who commit to becoming teachers and returning to Salina Public Schools (USD 305) to teach. Please complete this form and mail to the address highlighted at the top of this page.

- 3. How long have you known the applicant? _____
- 4. In what capacity have you known the applicant? _____

Please respond to the following areas regarding the candidate, using a 1 (poor) – 4 (excellent) rating scale:

- 1 2 3 4 1. Ability to work with others – has a teamwork approach to solve problems.
- 1 2 3 4 2. Commitment to excellence – willing to put time and effort into tasks.
- 1 2 3 4 3. Models appropriate behavior – appearance, poise, good role model.
- 1 2 3 4 4. Energy Level/Enthusiasm – overall optimism & zeal, willingness to be involved.
- 1 2 3 4 5. Growth Oriented – coachable, seeks out growth opportunities, strives to improve.
- 1 2 3 4 6. Flexibility – ability to change with the times, adaptable.
- 1 2 3 4 7. Relationship Building-ability to relate to and build relationships with others
- YES NO 8. Would you want this person teaching your child/grandchild?

Please attach a one page sheet describing the applicant. Include the following: applicant’s strongest quality, applicant’s weakest quality, why this person would be a good future teacher, reservations you have about this applicant’s ability and/or anything else that would be beneficial in helping us make a determination about this applicant.

RESPONDENT NAME	DATE
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Thank you for your participation in the LIFT Program!

SECTION E: ATTESTATION OF ELIGIBILITY

The Loan Initiative for Future Teachers program provides financial assistance in the form of a forgivable loan to individuals selected to participate in the Program. The purpose of providing this financial assistance is to allow program participants to complete their undergraduate degree in education, with the ultimate goal of receiving their teacher licensure and working as a teacher in the Salina Public Schools. However, the Kansas State Board of Education regulations provide that individuals who have been convicted of, or pled guilty to, any act punishable as a felony may not be certified to teach. As a result, the Loan Initiative for Future Teachers program requires each applicant and participant to read and complete the following Attestation of Eligibility each year before receiving financial assistance from the Program.

The Kansas Register, Vol. 19, No. 18, May 4, 2000, Article 22 – Professional Practices Commission, states the following:

91-22-1a. Denial, suspension, or revocation of license; public censure; grounds; report. (a) any license issued by the state board may be suspended or revoked, or the license holder may be publicly censured by the state board for

misconduct or other just cause, including any of the following:

- (1) Conviction of any crime punishable as a felony;
- (2) conviction of any crime involving a minor;
- (3) conviction of any misdemeanor involving theft;
- (4) conviction of any misdemeanor involving drug-related conduct;
- (5) conviction of any act defined in any section of article 36 of chapter 21 of the Kansas statutes annotated;
- (6) conviction of an attempt under K.S.A. 21-3301, and amendments hereto, to commit any act specified in this subsection;
- (7) commission or omission of any act that injures the health or welfare of a minor through physical or sexual abuse or exploitation;
- (8) engaging in any sexual activity with a student;
- (9) breach of an employment contract with an education agency by abandonment of the position;
- (10) conduct resulting in a finding of contempt.

The Professional Practices Commission has interpreted the above regulation to mean: the board may deny, suspend or revoke a certificate if the applicant for licensure/licensure has been convicted of a crime involving (1) dishonesty, (2) a controlled substance, or (3) a child. The commission may take action if an applicant has entered into a criminal diversion agreement after having been charged with such a criminal act. The commission has also interpreted the regulation to mean that disciplinary action may be taken in situations where there is no criminal conviction, if improper conduct is involved.

ATTESTATION OF ELIGIBILITY

I have read and understood the above information.

I, _____, attest to the Salina Education Foundation that I have not committed any of the above-referenced acts which could result in the denial, suspension or revocation of a certificate. If I am unable or unwilling to receive my teacher licensure/licensure and/or to work as a teacher in the Salina Public Schools identified in the Statement of Commitment and Intent, I understand and agree that I will be required to repay any and all financial assistance that I have received from the Loan Initiative for Future Teachers program, in accordance with the terms of the Statement of Commitment and Intent.

NAME

DATE