

Work Experience

Mo./Yr. (From)	Mo./Yr. (To)	Description of Activity	Supervisor	Telephone number

Essay

Please attach a 250 – 500 word essay considering the following question as a theme, “What should be the role(s) of Virgin Islanders regarding the health care and or formal education of its youth?”

Reference

Please include the names, addresses and telephone numbers of three references that can attest to your character, abilities and interest in becoming an educator. The references cannot be a family member.

Reference	Name	Address	City/County	Zip	Telephone number
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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

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DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES

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**2008-2009 FUTURE EDUCATORS SCHOLARSHIP APPLICATION-
ACADEMIC AND TEACHING AGREEMENT/PROMISSORY NOTE**

By providing my signature below, I agree to the terms and conditions of the 2008-2009 Future Educators Scholarship Application as outlined below:

Academic/Teaching Agreement

- a. I agree that if selected as a scholarship recipient, I will fulfill the commitment to teach or work as a nurse in a pre-approved program in the Virgin Islands public school system for a period of one year for each year that I receive scholarship funds.
- b. I agree that if selected as a scholarship recipient, I will maintain a minimum overall GPA of 2.5.
- c. I shall fulfill this requirement to teach or work as a nurse in a pre-approved program in the Virgin Islands public school system upon the successful completion of a degree program that will qualify me to teach or practice nursing in the Virgin Islands.
- d. I agree that if the minimum GPA is not maintained or the teaching or nursing requirement is not fulfilled the scholarship will convert into a loan from the Teacher Recruitment and Retention Fund, and that I must repay the entire amount prorated according to the fraction of the teaching obligation not completed, plus interest at the current rate.

Promise To Pay

If I receive funds from the Future Educators Scholarship Program, I promise to maintain a minimum GPA of 2.5 as well as teach in the Virgin Islands public school system or work as a nurse in a pre-approved program for a period of one year for each year that I receive scholarship funds. I understand that this is a promissory note, which will obligate me to repay scholarship funds if I do not fulfill the teaching/working requirements or maintain a minimum GPA of 2.5 as described in this form. I realize that my failure to fulfill the teaching requirement or maintain the required GPA will immediately convert any funds received into an interest-bearing loan. Therefore, I will maintain a minimum GPA of 2.5 and teach/work or I will pay the Virgin Islands Department of Education, or its designee the entire amount prorated according to the fraction of the teaching obligation not completed, plus interest and, if applicable, reasonable collection fees. I also understand that I may cancel this award, without any cost, by returning all proceeds that were issued for my benefit provided that the proceeds are returned prior to the end of the academic year in which they were received.

Applicant's Signature

Date

Parent/Legal Guardian

Date

Sworn to and Signed before me, a Notary Public, this _____ day of _____, 20_____.

Notary's Signature

Seal