

Activities

Include activities that demonstrate your interests in teaching and/or working with children.

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

Essay

Please attach a biography and include a 250 – 500 word essay on, “Why you desire a career change in the area of teaching?”

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 family members.

Reference	Name	Address	City/County	Zip	Telephone number
Reference	Name	Address	City/County	Zip	Telephone number
Reference	Name	Address	City/County	Zip	Telephone number



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 TRANSITION TO TEACHING SCHOLARSHIP APPLICATION
AGREEMENT/PROMISSORY NOTE

By affixing my signature to this document, I agree to the terms and conditions of the 2008-2009 Transition To Teaching Scholarship Application, as outlined below:

Teaching Agreement

- a. I agree that if selected as a scholarship recipient, I will fulfill the commitment to teach in the Virgin Islands public school system for a period of five years.
- b. I shall fulfill this requirement to teach in the Virgin Islands public school system upon the successful completion of a degree program that will qualify me to teach in the Virgin Islands.
- c. I agree that, if the teaching 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 Transition To Teaching Scholarship, I promise to teach in the Virgin Islands public school system for a period of five years. I understand that this is a promissory note, which will obligate me to repay scholarship funds if I do not fulfill the teaching requirement described in this form. I realize that my failure to fulfill the teaching requirement will immediately convert any funds received into an interest-bearing loan. Therefore, I will either teach or 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 in writing, 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

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

Notary's Signature

Seal