



**VIRGINIA DEPARTMENT OF EDUCATION
FY 2024 HOMETOWN TEACHER PROGRAM
INITIAL TEACHER FORM**

The 2022 General Assembly Special Session I appropriated \$240,000 for the Hometown Teacher Program (formerly the Grow Your Own Teacher Pilot Program). This pilot program will provide grants to low-income high school graduates who attended an institution of higher education in the Commonwealth and subsequently teach in high-need public schools in the school divisions in which they graduated from high school.

TEACHER INFORMATION:

Last Name:	First Name:	License Number:
Employing School Name:	Teaching Assignment:	First Day of Employment (MM/DD/YYYY):
Phone:	Email Address:	

TEACHER HIGH SCHOOL INFORMATION:

High School:	High School Graduation Year:
School Division:	Email Address:
Eligible for Free Lunch During Attendance (Y/N)?:	

COLLEGE/UNIVERSITY INFORMATION (List all degrees earned):

College/University:	Major:	Degree Earned:	Graduation Year:
College/University:	Major:	Degree Earned:	Graduation Year:
College/University:	Major:	Degree Earned:	Graduation Year:

TEACHER SIGNATURE:

I certify that the information on this form is accurate and complete, and I meet the criteria to be considered for an award.

Teacher Signature:
Date:

DIVISION SUPERINTENDENT'S CERTIFICATION OF APPLICANT

ATTENTION HUMAN RESOURCES DIRECTORS: Human Resources Directors must submit completed initial application forms to their Superintendent. All applicants will be evaluated by the process established by each Superintendent's Region to select regional nominees. Each Superintendent's Region will determine its own process to select regional nominees based on the guidance issued in the accompanying application packet. Regional nominees should be submitted to Shawna LeBlond, Director, at Shawna.LeBlond@doe.virginia.gov by March 15, 2024 for review.

I certify that the teacher named above has met the criteria for the grant, and I recommend the teacher for a grant award.

School Division: Newport News Public Schools	Superintendent's Region: II
Superintendent's Name: Dr. Michele Mitchell	Date:
Superintendent's Signature:	





**VIRGINIA DEPARTMENT OF EDUCATION
2024 GROW YOUR OWN TEACHER PILOT PROGRAM**

All applicants will complete the following application addendum and provide a recommendation from their current Principal as part of the selection process for Superintendent's Region II by March 8, 2024.

REGION II ADDENDUM

SUPPLEMENTAL TEACHER INFORMATION:

Last Name:

First Name:

M.I.:

Current Teaching Assignment (grade level and/or subject):

Total number of years as a teacher:

Please describe why you should be selected to receive the VDOE Grow Your Own Teacher Pilot Program grant (response must be 500 words or less; attach additional sheet(s) if necessary).



**VIRGINIA DEPARTMENT OF EDUCATION
2024 GROW YOUR OWN TEACHER PILOT PROGRAM**

All applicants will complete the following application addendum and provide a recommendation from their current Principal as part of the selection process for Superintendent's Region II by March 8, 2024.

REGION II ADDENDUM: PRINCIPAL RECOMMENDATION

Last Name:

First Name:

M.I.:

Current Teaching Assignment (grade level and/or subject):

Total number of years as a teacher:

Principal Recommendation

Principal Name (Print)

School:

Principal Signature:

Date: