



***Paid Internship Scholarship for  
Aspiring Virginia Educators  
Spring 2024***

**Deadline: January 19, 2024**

**GRANT CONTACT INFORMATION:**

MS. SHAWNA LEBLOND, DIRECTOR  
OFFICE OF APPRENTICESHIPS  
DEPARTMENT OF TEACHER EDUCATION AND LICENSURE  
VIRGINIA DEPARTMENT OF EDUCATION

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*APPLICATION FOR PAID INTERNSHIP SCHOLARSHIP  
FOR ASPIRING VIRGINIA EDUCATORS*

***VIRGINIA DEPARTMENT OF EDUCATION  
P. O. Box 2120  
Richmond, Virginia 23218-2120***

**Funding:** Virginia’s American Rescue Plan Elementary and Secondary School Emergency Relief

**Issuing Agency:** Virginia Department of Education

**Application Due:** 4pm EST on Friday, January 19, 2024

**Application Format:** The institution of higher education will submit the completed application as one file for each candidate to the Department of Education via a secured SSWS portal.

**Grant Period:** December 2021 – September 2024

**Agency Contact:** Ms. Shawna LeBlond, Director  
Office of Apprenticeships  
804-750-8594/ [Shawna.LeBlond@doe.virginia.gov](mailto:Shawna.LeBlond@doe.virginia.gov)

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**PART I: SCHOLARSHIP INFORMATION, ELIGIBILITY CRITERIA, AND APPLICATION PROCEDURES**

**AMOUNT OF SCHOLARSHIP**

As part of Virginia’s American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) funding, \$2,000,000 in grant funding has been made available to support qualified candidates approved for and enrolled in a final semester culminating clinical experience, such as an internship or student teaching experience. In order to be considered, candidates must be enrolled full or part time in an approved Educator Preparation Program (EPP) with a public or private institution of higher education (IHE) and seeking full licensure in Virginia. The supervised clinical experiences “shall be continuous and systematic and comprised of early field experiences with a minimum of 10 weeks of successful full-time student teaching in the endorsement area sought under the supervision of a cooperating teacher with demonstrated effectiveness in the classroom. The summative supervised student teaching experience shall include at least 150 clock hours spent in direct teaching at the level of endorsement in a public or accredited nonpublic school” as stated in [Virginia Code 20-543-140](#).

Institutions may nominate up to **two** deserving students and will be asked to give preference to students facing significant barriers including those who demonstrate financial need and/or first-generation college students and those seeking endorsement in top critical shortage areas in Virginia. Individual scholarship awards of up to \$15,000 may be awarded for the semester. Nominations for candidates enrolled for the Spring 2024 semester will be accepted through SSWS until **4pm on Friday, January 19, 2024**.

Funds will be disbursed to the students (usually to the students’ home institutions) from one of three institutions of higher education who have agreed to serve as fiscal agents for their neighboring colleges and universities. Funds will be disbursed in February 2024.

A Summary Report with updated information will be due **by Friday, May 24, 2023**. The format for the report will be shared by the VDOE in advance of the due date.

**ELIGIBILITY CRITERIA**

Subject to available funding, this internship scholarship is for teacher or school counselor candidates enrolled in an approved education program at an accredited Virginia public or private four-year institution of higher education in the Commonwealth. Candidates must (i) be enrolled full-time or part-time in an approved undergraduate or graduate education program or are participants in another approved education program such as school counseling and (ii) be nominated by the institution where they are enrolled.

As institutions consider candidates for nomination, they are welcome to develop their own internal process for identifying deserving candidates. However, institutions are encouraged to give preference to students who demonstrate financial need, first-generation college students, students from underrepresented backgrounds, and/or students seeking endorsement in top critical shortage areas in Virginia.

**APPLICATION PROCEDURES**

Once an institution has identified up to 2 nominees, the nominees must complete and return the below application for the Paid Internship Scholarship for Aspiring Virginia Educators to the **designated dean/chair, director or other authorized designee of the teacher education program** in accordance with the procedures and deadlines established by the student's home institution. **Applications must have a wet signature or a secured digital signature**. Signatures typed in the space will not be accepted. Failure to submit a properly signed application will render the application incomplete and result in the application being disqualified.

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The IHE will then submit the completed application *as one file* for each candidate to the Department of Education via a secured SSWS portal by **4pm on Friday, January 19, 2024**. Designated individuals at each institution have access to this portal and are advised to confirm access well before the due date, as restoring access may take several days.

Those students selected for the scholarship will be notified by the Virginia Department of Education.

If an institution's nominee is selected as an award recipient, the institution will be asked to submit a Summary Report with updated information will be due **Friday, May 24, 2024**. The format for the report will be shared by the VDOE in advance of the due date.

**DISBURSEMENT OF FUNDS**

Students selected to receive the Paid Scholarship for Aspiring Virginia Educators will be notified by email. **Students must reply via email within a specified time period** of receiving their email notification to indicate that they intend to accept the scholarship award. Once a student has indicated that they plan to accept the award, the Department of Education will instruct the three institutions of higher education acting as the fiscal agents to begin the process of disbursing funds.

**REPAYMENT OF FUNDS**

In the event that the student withdraws from or exits the program or does not successfully complete the clinical experience, the student and the college or university must immediately notify the Department of Teacher Education and Licensure, Virginia Department of Education in writing to begin the process of refunding the award amount.

By being awarded the Grant, and in order to remain eligible for application of the Grant award, the Student must successfully complete the Program's Clinical Experience. The Student must successfully complete the Program's Clinical Experience by the conclusion of the Clinical Experience, during the one academic semester in which the Clinical Experience is held. The Student agrees to repay the entire amount of the awarded Grant in the event that the Student does not successfully complete the Program's Clinical Experience by the conclusion of the Clinical Experience. In the event that the student does not successfully complete the Program's Clinical Experience, and is liable for repayment of the award, the Student agrees to repay the entire outstanding balance of the Grant and to pay all collection costs, and reasonable attorney fees incurred by the Department of Education.

Any claim, dispute, or default which may arise out of the obligations of the Student under this document shall be adjudicated in the General District Court of the City of Richmond, Virginia or Circuit Court of the City of Richmond, Virginia. The Student expressly consents to such jurisdiction and venue, and specifically waives any and all rights that the Student may have may have to contest the jurisdiction and/or venue of the above-mentioned forums and to demand any other forums.

This Scholarship Grant agreement is governed by and shall be construed in accordance with Virginia law. The Student acknowledges that all repayment obligations set forth in the preceding paragraphs are subject to collection pursuant to the set-off debt collection program (Virginia Code §§ 58.1-520 et seq.) and waives any right to contest that set-off under the provisions of the Setoff Debt Collection Act.

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**PART II: APPLICANT'S PERSONAL INFORMATION** (to be completed by the student)

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
<u>Date of Birth</u> (Month/Day/Year) / /	<u>Gender</u> (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Are you a first-generation college student?</u> (meaning that none of your parents completed a 4-year college/university degree) <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Which of the following types of financial aid have you been awarded for the Spring 2024 semester?</u> <input type="checkbox"/> Grant.....Amount for the semester: <input type="checkbox"/> Scholarship.....Amount for the semester: <input type="checkbox"/> Loan (institutional, federal, and/or private).....Amount for the semester:		<u>On average, how many hours per week do you work in a paid position (excluding internships or work for academic credit) during a typical semester?</u>  Hours:  If you anticipate having to reduce weekly hours worked for the upcoming semester, how many hours do you expect to work each week (enter 0 if none):  Hours:
<u>If you are an undergraduate student and have completed the Free Application for Federal Student Aid (FAFSA®) form, please indicate your Expected Family Contribution (EFC), as reported on your Student Aid Report (SAR):</u>  EFC (if applicable):		<u>If you are not currently claimed as a dependent by any parents or guardians, please share your household income and the number of individuals in the household, including yourself:</u>  Household income:  Number of individuals in household:
<u>Race</u> (for statistical purposes only - check all that apply)		
<input type="checkbox"/> 1. Black (Not of Hispanic Origin) <input type="checkbox"/> 4. Asian American <input type="checkbox"/> 6. White (Not of Hispanic Origin) <input type="checkbox"/> 2. Hispanic <input type="checkbox"/> 5. Native American <input type="checkbox"/> 7. Other <input type="checkbox"/> 3. Asian		
<u>Permanent Address</u> (Street Address, P. O. Box) <b>Must be a domiciliary Virginia resident. Address must be in Virginia.</b>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Semester Address</u> (Street Address, P. O. Box) <b>if different from address listed above.</b>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Telephone Numbers</u>		



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<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Earth Science <input type="checkbox"/> Physics
<u>Foreign Language PreK-12(Specify area)</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Arabic  <input type="checkbox"/> Chinese  <input type="checkbox"/> French  <input type="checkbox"/> German  <input type="checkbox"/> Italian         </div> <div style="width: 45%;"> <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Spanish  <input type="checkbox"/> Russian  <input type="checkbox"/> Latin         </div> </div>
<input type="checkbox"/> <u>English (Secondary)</u>
<input type="checkbox"/> <u>Library Media PreK-12</u>
<input type="checkbox"/> <u>History and Social Science (Secondary)</u>
<u>Other (Specify endorsement area)</u>
<b><u>Please complete the following:</u></b>
If applicable, anticipated graduation date for undergraduate degree:
If applicable, anticipated graduation date for graduate degree:
Current Cumulative Grade Point Average on a 4.0 scale or equivalent:
What amount (up to \$15,000) are you seeking for the semester in which you will complete your internship? The amount requested cannot be greater than total expenses outlined in the budget below.

**Please complete the below semester budget** (be sure to only report expenses for the *semester*, rather than annual expenses):

<b><u>Type of Expense for the Semester</u></b>	<b><u>Amount for the Semester (in US Dollars)</u></b>
Tuition	
Class Materials (books, etc)	
Housing (room/board for on-campus students or rent/mortgage for off-campus)	
Utilities (electricity, water, gas, phone, internet, etc)	
Meal Plan (if on campus) or Grocery Expenses (if off campus)	

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<u>Other (please specify)</u>	
<b>TOTAL</b>	

**Please complete the following short-answer (150-300words) either typed below or attached:**

Are there any factors that you feel the selection committee should consider in reviewing your application?

(In addition to information on your motivation to teach and your merit as an educator, the committee is especially interested in learning more about how this scholarship can assist you in completing your education. For example, you may wish to comment on specific barriers you've faced, such as financial challenges or the difficulties navigating post-secondary education as a first-generation college student.)



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**Part III: FINAL AGREEMENT AND UNDERSTANDING STATEMENT**

By my signature, I certify that all information on this application is accurate and complete. I further certify that I have read and agree to all criteria, terms and conditions of this application including my responsibility to repay the entire amount of the awarded grant in the event that I do not successfully complete the program's clinical experience by the conclusion of the clinical experience. I acknowledge that I am responsible for determining whether receipt of this scholarship award will affect any financial aid that I am currently receiving. I further certify that I am a domiciliary Virginia resident and am enrolled in a Virginia approved teacher education program the current academic year as an undergraduate student or am enrolled as a student at the graduate level and meet the other eligibility conditions set forth in this "Application for a Paid Internship Scholarship for Aspiring Virginia Educators."

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**