

Commonwealth of Virginia  
Virginia Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120

**Application for Mentor Teacher Funds and  
Affidavit Verifying Count of New Teachers  
with No Teaching Experience  
for the 2000-2002 Biennium**

Name of School Division: \_\_\_\_\_  
Mentor Teacher Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Please provide the information below:**

- Number of new teachers with no years of teaching experience who will be employed in my school division during the 2000-2001 school year \_\_\_\_\_
- Projected number of new teachers with no years of teaching experience who will be employed in my school division during the 2001-2002 school year \_\_\_\_\_

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This is to verify that the information provided above represents the most accurate number of new teachers with no years of experience employed in my school division for the time periods indicated. I understand that a local resource commitment of 50 percent is required and funds will be retroactive to July 1, 2000. I also will collaborate with an institution(s) of higher education in the continued development and implementation of my mentor teacher program.

\_\_\_\_\_  
Name (Superintendent or Designee)

\_\_\_\_\_  
Signature (Superintendent or Designee) \_\_\_\_\_ Date

**PLEASE FAX THIS FORM TO DR. THOMAS A. ELLIOTT, ASSISTANT SUPERINTENDENT FOR TEACHER EDUCATION AND LICENSURE, VIRGINIA DEPARTMENT OF EDUCATION, AT (804) 786-6759.**