

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

*Application for Mentor Teacher Funds and Affidavit  
for Verifying Count of New Teachers with  
No Teaching Experience for 2004-2005*

Name of School Division: \_\_\_\_\_

Mentor Teacher Contact: \_\_\_\_\_

Telephone: (            ) \_\_\_\_\_

Fax: (            ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**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 2004-2005 school year
- \_\_\_\_\_ Projected number of new teachers with no years of teaching experience who will be employed in my school division during the 2005-2006 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, 2004. I also will collaborate with an institution(s) of higher education in the continued development and implementation of my mentor teacher program.

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Name (Superintendent or Designee)

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Signature (Superintendent or Designee)

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Date

**PLEASE FAX THIS FORM BY SEPTEMBER 13, 2004 TO DR. JOANNE Y. CARVER,  
DIRECTOR OF TEACHER EDUCATION, DIVISION OF TEACHER EDUCATION  
AND LICENSURE, VIRGINIA DEPARTMENT OF EDUCATION, AT (804) 786-6759.**