

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 2005-2006*

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 2005-2006 school year
- _____ Projected number of new teachers with no years of teaching experience who will be employed in my school division during the 2006-2007 school year

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, 2005. 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 BY SEPTEMBER 15, 2005 TO DR. JOANNE Y. CARVER,
DIRECTOR OF TEACHER EDUCATION AND TEACHER QUALITY
ENHANCEMENT, DIVISION OF TEACHER EDUCATION AND LICENSURE,
VIRGINIA DEPARTMENT OF EDUCATION, AT (804) 786-6759.**