



Virginia ACTE Teacher Licensure Reimbursement Grant

The Virginia Association for Career and Technical Education (Virginia ACTE) is providing up to ten reimbursement grants to assist CTE teachers with the cost of the Praxis Core Academic Skills licensure assessment.

Grants will be awarded to ten licensed teachers, including career switchers, who have accepted employment as CTE teachers, or teachers who will be switching to teach CTE courses, and who have passed, within the past six months, or are scheduled to take the Praxis Core Academic Skills for Educators assessment. Successful CTE teachers may apply for reimbursement of the Praxis assessment not to exceed \$120 by completing the application below and providing supporting documents.

The grant also includes one year of free membership in Virginia ACTE, which includes services and resources provided by the association. For information, access www.VirginiaACTE.org.

Eligibility Criteria

The deadline to apply is June 1. Each applicant must

- teach in a Virginia public school
- teach CTE courses (complete listing found at www.cteresource.org)
- have accepted employment within the past six months
- provide official documentation showing a passing score on the Praxis CTE-related assessment
- complete the application
- provide documentation of payment of Praxis assessment cost.

Download (save) the application to your computer and fill it out electronically. After completing the application, save and email to Darla Miller at dmillervirginiaacte@gmail.com.

Grant Application

Name: _____
 Last First Middle

Home Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

School: _____

School Address: _____

School Phone: _____

School Principal: _____

CTE program for which you are seeking endorsement: _____

Submit the following documents along with your application:

Transcript of passing score on Praxis

Receipt of payment

Statement about why you chose CTE as a teaching profession. The statement may include educational goals and career plans.

I certify that all information provided on this application is complete and accurate to the best of my knowledge. I understand that the intentional misrepresentation of information on this application will result in disqualification for any grant awarded.

Applicant Signature

Provide a digital signature *or* print the form and sign it here:

_____ Date: _____

School Administrator or CTE Administrator

Name: _____ Title: _____

Administrator Email: _____

Administrator Signature

Provide a digital signature *or* print the form and sign it here:

_____ Date: _____

After completing the application, save and email to Darla Miller at dlmillervirginiaacte@gmail.com.