

16. Have you or do you currently receive financial support through the TN Special Education Institutes? Yes No If yes, tell when and give the number of hours of support received: _____

17. After you receive your teaching license in an area of Special Education, what level do you plan / prefer to teach? Infants / Preschool Elementary Secondary

18. Which area of special education do you plan to seek an initial Tennessee license in special education or an additional endorsement in special education? Preschool / Early Childhood PreK-1 Modified K-12 Comprehensive K-12

19. What is the highest degree you hold? High School Diploma Associate's Degree Bachelor's Degree Master's Degree Doctorate's Degree Other (specify) _____

20. Where do you plan to enroll? **
 Bethel College University of TN -Martin Cumberland University
 East TN State University Fisk University Lee University
 LeMoyne-Owen College Middle TN State University TN State University
 TN Technological University University of Memphis University of TN - Chattanooga
 University of TN – Knoxville ** Students may receive BASE TN financial support from one university only.

21. Have you been accepted to this institution's graduate program? Yes No (If yes, attach acceptance letter)

22. Have you been accepted to this institution's undergraduate program? Yes No (If yes, attach acceptance letter)

23. Have you been accepted to this institution's teacher education program? Yes No (If yes, attach acceptance letter)

24. Have you received your Plan of Study that indicates the courses you need to satisfy requirements for initial Tennessee license in special education or an endorsement in special education? Yes No (If yes, attach copy, including signature of the institution's Director of Teacher Education Program, Dean, Department Head, or Certification Officer.)

25. Indicate each term for which you are applying for BASE-TN Teaching Program financial support and hours you plan to take based on your Plan of Study developed cooperatively with a college or university teacher education program representative:

	Number of Credit Hours	Projected Calendar Year(s) of Matriculation
A. Fall Semester	_____	_____
B. Spring Semester	_____	_____
C. Summer - 1st Term	_____	_____
D. Summer - 2 nd Term	_____	_____
E. Summer - Full Term	_____	_____
F. Other (specify)	_____	_____

26. When do you anticipate completing the requirements for Tennessee teacher licensure in an area of Special Education? _____ Month _____ Year ~~~ _____ Not determined as of this date.

27. REFERENCES. You must attach four letters of recommendation. One of these letters may be a recommendation from an official of the Teacher Education Program at your educational institution attesting to your stated commitment to teaching and perceived promise of professional success as a teacher / professional educator serving students with disabilities ages birth through twenty-one. If employed in school position (e.g., educational assistant, guidance counselor, etc.) MUST include letters from your special education director, principal, and immediate supervisor attesting to your perceived interest in teaching, demonstrated competencies/skills, and perceived / indicated intent to serve students with disabilities ages birth through twenty-one.

28. LETTER OF INTENT. You must attach a letter of intent that addresses the following: why you want to obtain a Tennessee teaching license in special education; your current employment (what you do, who you serve; if in a school setting, describe the students served, number of students, grade level, etc.); your intent to teach in a Tennessee public school serving students with disabilities ages birth through twenty-one upon receipt of the special education license or endorsement; your understanding that you must serve two years for each year of financial support received through the BASE-TN Teaching Program (30 semester hours of financial support is defined as one year of support).

29. REQUIRED ATTACHMENTS: Official College Transcript(s) Four Letters of Recommendation
 Plan of Study Letter of Acceptance to Graduate / Undergraduate School
 Letter from Teacher Education Program Indicating Acceptance or Eligibility for Acceptance (if you have been accepted or you been informed of your eligibility for acceptance) Letter of Intent

30. CERTIFICATION BY APPLICANT

I understand that this application must be completed in full by me; that this application MUST include the Institution's certification as indicated below; and that this application must be forwarded to the college or university where I am seeking admittance by the deadline established by that institution. I realize that this application must be supported by copies of all my transcripts of college credits, four letters of recommendations, acceptance letter from the Graduate or Undergraduate School, acceptance letter from the Institution's teacher education program (indicating that I have been admitted or that I am eligible to be admitted - if this step has been completed), a copy of my Plan of Study, and my letter of intent.

I certify that I have read this application and that it is accurate to the best of my knowledge and accurately reflects my intent. I agree to provide other documentation as may be requested to verify this information. I authorize the education institution to release to the TN Department of Education, Division of Special Education, or its agents, any information requested by such individuals (e.g., current address, enrollment status, GPA, etc.). I affirm that any funds obtained as a result of this application will be used solely for expenses related to attendance in teacher education (special education) at the educational institution indicated in this application. I understand that I must reapply for this program at least once per year following my initial acceptance in keeping with the requirements of the college or university where I am enrolled and as determined by my Plan of Study and the courses needed. I understand that I must make satisfactory progress in all courses to continue receiving financial support from the BASE-TN Teaching Program.

I agree to notify the TN Department of Education, Division of Special Education, and the college or university where I enroll of any change in my status including but not limited to my name, address, school attendance, and employment status. I understand to remain eligible for the BASE-TN Teaching Program financial assistance, I must satisfy the academic requirements of the College or University where enrolled as well as that Institution's teacher education program requirements. I affirm my intent to teach in a Tennessee public school serving students with disabilities ages birth through twenty-one two years for each academic year the award is received (For the purpose of this award, one academic year equals 30 semester hours of financial support). I understand that I will be required to sign a Student Service Agreement that will be provided me by the college or university and that this Agreement will be maintained by that institution. The TN Department of Education will also maintain a copy of the signed and notarized Student Service Agreement.

Signature: _____ Date: _____

PART II. This part is to be completed by the Teacher Education Program to which the student has been formally admitted, is currently under consideration for admission, or has expressed intent to seek admission.

29. Name of college or university: _____

Address _____
Telephone Number of Director of the Teacher Education Program _____ FAX _____

Residency (of student applicant) Standardized Test Scores
 _____ In-State _____ ACT _____ SAT _____ MAT _____ GRE
 _____ Out-of-State

Undergraduate Cumulative GPA _____ for _____ semester hours.

Graduate Cumulative GPA _____ for _____ semester hours

This applicant's Plan of Study has been developed jointly with the student after an evaluation of his/her transcript(s) and delineates course(s) needed to help applicant satisfy requirements leading to (a) an initial Tennessee teaching license in an area of Special Education, or (b) an endorsement in an area of Special Education? _____ Yes _____ No
(BASE TN funds may not be used to provide support for courses beyond those needed for licensure, e.g. Master's degree.)

30. CERTIFICATION BY OFFICIAL OF A STATE APPROVED TEACHER EDUCATION PROGRAM

I certify that the information given in Part II above is complete and correct to the best of my knowledge.

Signature of Dean, Department Head, or Director of Teacher Education Program Title

Date: _____