Attracting Excellence to Teaching Program **Application for Funds** 2024-25 Award Year

Last Name, First Name, MI			
Address	City		State Zip Code
Phone (Required)	Social Secu	urity Number (Required for certific	ation and employment verification)
Email (2 Required, personal and school)			
s this your permanent address? If no, please give your permanent addres	Yes s:	No	
Street Address/PO Box, City, State Zip Code			
Applicant Signature confirm that the information on this apple that if my application is approved, I mus (NDE) prior to receiving any funds. I agre	then enter in to complete	nto a contract with the Neb my teacher education prog	raska Department of Education ram, become certified pursuan
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2. TEACHER EDUCATION PROGRAM CHAIR INFORMATION				
Applicant's cumulative GPA*				
*If the applicant's GPA is below 3.0 on a 4.0 scale, please attach a signed ar that they graduated in the top 25% of their high school class.	nd dated official statement on institution letterhead			
Applicant's Program(s) of Study*				
*If the applicant is applying for the first time on or after April 22, 2009, the Teacher shortage areas are available on the Nebraska Teacher Education w https://www.education.ne.gov/educatorprep/teacher-shortage-survey/				
I verify that the applicant has been officially admitted to a full-time student enrolled in 24 semester undergraduate cred 12-month period.				
Signature of Teacher Education Program Chair	Date			
3. FINANCIAL AID OFFICER INFORMATION				
Is the applicant a prior AETP loan recipient? Yes Year	No			
Amount of 2023-24 Forgivable Loan \$3,000 (\$3,000 annual maximum)				
I verify that the applicant is a resident Nebraska student.				
Signature of Financial Aid Officer	Date			
It is the policy of the Nebraska Department of Education not to di race, color, religion, marital status, age, or national or ethnic origi policies, employment or other agency admi This application is a public rec	in in its educational programs, admission nistered programs.			
This application is a public rec	.oru.			
NDE USE ONLY				
Approved: ☐ Yes ☐ No	Reviewer:			
Reason for Denial:	Date:			