

2006-2007 APLE APPLICATION



SECTION I: TO BE COMPLETED BY THE APPLICANT (Please print or type)

1. Last Name			First Name		Middle Initial	2. Social Security Number (SSN)	
3. Street Address				City	State	Zip Code	
4. Date of Birth MM / DD / YYYY / /	5. Telephone Numbers Home # () Cellular or Alternative # ()		6. I am a U.S. Citizen or National <input type="checkbox"/> Yes <input type="checkbox"/> No (Enclose evidence from the U.S. Immigration and Naturalization Service that you are an eligible noncitizen.)			7. School ID #	8. Cumulative GPA

9. College units I have completed: Undergraduate units: _____ sem/qtr Graduate units: _____ sem/qtr

10. I currently hold or expect to receive the following credential(s):

<input type="checkbox"/> (1) *Preliminary Single Subject in _____	Date received or expected: ____/____/____
<input type="checkbox"/> (2) *Preliminary Multiple Subject	Date received or expected: ____/____/____
<input type="checkbox"/> (3) *Clear Single Subject in _____	Date received or expected: ____/____/____
<input type="checkbox"/> (4) *Clear Multiple Subject	Date received or expected: ____/____/____
<input type="checkbox"/> (5) Specialist in _____	Date received or expected: ____/____/____
<input type="checkbox"/> (6) Supplementary Authorization in _____	Date received or expected: ____/____/____

*Applicants currently holding these credentials must be pursuing a specialist credential in either Special Education or Reading.
School Counseling, School Psychology and Educational Administration are not eligible.

11. I currently have received or have been approved to receive an educational loan:

Yes, please complete the information below.*
 No. If you have not been approved to receive an educational loan, you are not eligible to apply for APLE.

*If yes, indicate the lender, type, and status of all your educational loans:

	Loan Type		Loan Status		Loan Balance	Lender/Service
	Subsidized	Unsubsidized	Good	Delinquent		
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

12. I intend to provide teaching service in the following area - **(Check only one):**

- (1) **Mathematics** – Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Math in grades 7 – 12.
- (2) **Science (Life/Physical)** - Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Science (Life/Physical) in grades 7 – 12.
- (3) **Foreign Language** - Must be pursuing a single subject credential, which authorizes teaching in a Foreign Language in grades 7 – 12.
- (4) **Special Education** - Must be pursuing a Special Education credential, which authorizes teaching in grades K – 12.
- (5) **English** - Must be pursuing a single subject credential, which authorizes teaching in English in grades 7 – 12.
- (6) **School Serving Rural Areas*** - Must be pursuing a multiple subject or single subject credential, and agree to teach at a school serving rural areas in grades K – 12.
- (7) **State Special Schools** - Must be pursuing a specialist credential, which authorizes teaching at a State Special School in grades K – 12.
- (8) **School with a High Percentage of Emergency Permit Teachers*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school w/ a high percentage of emergency permit teachers in grades K – 12.
- (9) **Designated Low-Income School*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a designated low-income school in grades K – 12.
- (10) **Low-Performing School*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school ranked in the bottom 50% of the Academic Performance Index (API) grades K – 12.

*For a listing of schools in these areas, please refer to the Commission web site at, www.csac.ca.gov
 Note: The teaching area you indicate on this application cannot be changed at a later date without the prior approval of the Commission.

Please Turn To The Back Of The Application To Continue

2006-2007 APLE APPLICATION CONTINUED

The following information is for statistical purposes:

13. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	14. Age _____ _____	15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. My (and my spouse's, if applicable) adjusted gross income for 2005: \$ _____	17. I describe myself as one of the following: <input type="checkbox"/> (1) African American <input type="checkbox"/> (2) Latino, Chicano <input type="checkbox"/> (3) Filipino <input type="checkbox"/> (4) Pacific Islander <input type="checkbox"/> (5) Asian American <input type="checkbox"/> (6) Native American <input type="checkbox"/> (7) Caucasian <input type="checkbox"/> (8) Other
---	----------------------------------	---	--	---

By my signature I understand and agree that:

- I do not hold an initial teaching credential unless I am pursuing a Special Education credential.
- I agree to obtain a California K-12 credential and teach in my designated subject area in California schools grades K-12.
- I must have received, or have approval to receive, an eligible educational loan.
- I must have completed at least sixty (60) semester or ninety (90) quarter units of postsecondary education prior to the beginning of the fall term of the 2006-2007 academic year.
- I must be enrolled throughout the 2006-2007 academic year in coursework leading to a baccalaureate degree or in a professional teacher preparation program.
- I must maintain half-time enrollment per term (as defined by my institution). If I fail to maintain half-time enrollment, I must request a waiver in writing to the Commission.
- If I have designated special education as my teaching service area [see question 12 (#4) of this application], I may not take a break in enrollment and I must maintain half-time enrollment while working towards the Specialist Credential.
- I must maintain satisfactory academic progress (as defined by my institution) toward my credential objective.
- My application must be submitted to the APLE Coordinator at my educational institution by the deadline they have established.**
- If I am nominated by my institution and selected as an APLE participant, I must sign a Loan Assumption Agreement to provide four consecutive years of qualifying teaching service in the area I've designated in item #12 of this application.
- I will comply with all student loan repayment obligations and continue making scheduled payments on student loan(s) until notified by my lender that the loan is paid in full.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default on any state or federally insured educational loan. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies.

Please sign and date:

Signature of Applicant

Date

E-Mail Address

*****PLEASE RETURN TO THE APLE COORDINATOR AT YOUR SCHOOL*****

SECTION II: TO BE COMPLETED BY APPLICANT'S COLLEGE OFFICIAL

1. The applicant's expected standing in college during the 2006-2007 fall term:

- Junior
 Senior
 Continuing undergraduate
 Graduate - pursuing teacher certification

2. Type of program the applicant will be enrolled in during the 2006-2007 academic year:

- (1) An academic program leading to a baccalaureate degree.
 (2) An academic program of professional teacher preparation.
 (3) A district intern program.
 (4) An internship program which requires a CTC Internship Credential to teach.

School Seal
Must Be
Affixed

3. Date the applicant is expected to complete training for:

a preliminary or clear teaching credential: _____ / _____ / _____

a specialist credential in special education OR reading and language arts: _____ / _____ / _____

By my signature, I hereby declare that the above information is true as reflected on current official school records.

Signature of College Official

School Name

Printed or Typed Name of College Official

Title of College Official

Date

Phone Number

E-Mail Address