

2009-10 DISTRICT INTERN 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	5. Telephone Numbers		6. College Units Completed			7. Passed the CBEST?	
MM / DD / YYYY	Home #	()	UNDERGRADUATE UNITS	_____ SEM / QTR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /	Cellular/Alternative #	()	GRADUATE UNITS	_____ SEM / QTR			

8. I currently hold or expect to receive the following:

Credential Type: _____ Date received or expected: _____ / _____ / _____

9. 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 the APLE for District Intern.

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

	Loan Type		Loan Status		Loan Balance	Lender/Service
	Subsidized	Unsubsidized	Good	Defaulted		
<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"/>	\$ _____	_____

10. 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 or supplemental authorization, which authorizes teaching a Foreign Language in grades 7 – 12.
- (4) **Special Education** - Must be pursuing an Special Education credential, which authorizes teaching in grades K – 12.
- (5) **Agriculture** - Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Agriculture in grades K – 12.
- (6) **Business**-Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Business in grades K – 12.
- (7) **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.
- (8) **State Special School** - Must be pursuing a Specialist credential, which authorizes teaching at a State Special School in grades K-12.
- (9) **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 with a High Percentage of Emergency Permit Teachers in grades K – 12.
- (10) **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.
- (11) **Low-Performing School***** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school ranked in the bottom 20% of the Academic Performance Index (API) grades K – 12.

All areas are subject to change annually.

***For a listing of schools in these areas, please refer to www.cde.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

* Please see attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

CALIFORNIA STUDENT AID COMMISSION
P.O. Box 419029, Rancho Cordova, CA 95741-9029
ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
DISTRICT INTERN LOAN ASSUMPTION AGREEMENT 2009-10

NAME:

TEACHING SERVICE AREA:

*Social Security Number:

SECTION I - TRAINING REQUIREMENTS

I must:

1. Maintain satisfactory progress in an approved participating APLE for District Interns Program that provides a program of professional teacher preparation that has been approved by the Commission on Teacher Credentialing (CTC).
2. Complete training necessary to obtain an initial teaching credential (other than an emergency credential) that requires receipt of a baccalaureate degree and completion of a CTC approved program of professional teacher preparation and authorizes service for kindergarten through 12th grade.

SECTION II - EDUCATIONAL LOAN OBLIGATION

I must:

1. Report **all** outstanding educational loans to the California Student Aid Commission (Commission) prior to receiving payment.
2. 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 understand that an APLE loan assumption payment will not cancel nor replace any scheduled student loan payments.
3. Provide written notification to the Commission within 10 days of any change in the status of my student loans, including notice of default and the sale, transfer or consolidation of my student loans to another lender or servicer.
4. Be free of any obligation to repay any state or federal educational grant and not be in default on any student loan.

SECTION III – LOAN ASSUMPTION BENEFITS

I understand that in order to qualify and receive the full APLE benefits I must:

1. Obtain an initial teaching credential and provide eligible full-time, or the part-time equivalent, teaching service in an eligible California school for four (4) consecutive, or the part-time equivalent of four (4) full-time school years, in the teaching service area listed at the top of this Agreement. (District Internship teaching service does not qualify.)
2. Begin the first school year of eligible teaching service in kindergarten through 12th grade in an eligible California school within thirty-six (36) months from the date I obtain my initial teaching credential.
3. The term of the loan assumption agreement shall be no more than (10) years from the date signed by me and accepted by the Commission.

SECTION III - LOAN ASSUMPTION BENEFITS (CONT.)

I understand that:

4. The Employment and Loan Balance Form(s) must be forwarded to the appropriate officials for completion and submission to the Commission. The form must be returned by the deadline to qualify for benefits.
5. I agree to allow the Commission to change my teaching service area, if it is determined that it is necessary to make me eligible for a loan assumption payment on my eligible education loan.
6. Depending on my June 30th outstanding loan balance each year and the state budget **, the Commission may issue loan assumption payments directly to lender(s) / servicer(s) as follows:
 - Up to \$2,000*** after completing my first school year of eligible full-time teaching service or equivalent on a part time basis.
 - Up to \$3,000*** after completing my second consecutive school year of eligible full-time teaching service or equivalent on a part time basis.
 - Up to \$3,000*** after completing my third consecutive school year of eligible full-time teaching service or equivalent on a part time basis.
 - Up to \$3,000*** after completing my fourth consecutive school year of eligible full-time teaching service or equivalent on a part time basis.
7. Loans that are eligible for total or partial cancellation under state or federal provisions will not be eligible for assumption under the APLE even if I do not apply for the cancellation benefits or do not qualify for the benefits during subsequent years of eligible teaching service (i.e.: Perkins Loans).
8. If the Commission determines that any loan assumption payment was authorized based on misleading or incorrect information, I must reimburse any such payment to the Commission.

SECTION IV - ADDITIONAL REQUIREMENTS

I must:

1. Respond to all communications and requests from the Commission within the time indicated or I may be withdrawn from APLE.
2. Provide written notification to the Commission within 10 days of any change in my legal name or address or of any change in status that affects my APLE eligibility.
3. Comply with any procedures deemed necessary and appropriate by the Commission, all conditions cited in this Agreement and all applicable rules and regulations. **If I fail to comply, this Agreement will become invalid and I will be withdrawn from APLE.**

***\$1,000 of additional loan assumption benefits per year may be provided if I teach mathematics or science (grades 7-12), or special education in a school ranked in the lowest 60th percentile on the A.P.I. If I teach in these subject areas in a low-performing school ranked in the lowest 20th percentile of the A.P.I. then, I may be eligible for an additional \$1,000 after each year of service.

BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

Signature

(_____)_____
Telephone Number

Email Address

Mailing Address

City

State

Date

State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about them. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The official's responsible for maintaining the information contained of this form is the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security Number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission. The California State University and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of the policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.