2007- 2008 APPLICATION
ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
FOR OUT-OF-STATE TEACHERS

CALIFORNIA STUDENT AID COMMISSION

School's Postmark Filing Deadline:_____

1. LAST NAME FIRST NAME MIDDLE INITIAL

2. SOCIAL SECURITY NUMBER

3. STREET ADDRESS CITY STATE ZIP CODE

4. DATE OF BIRTH / /

5. AGE

6. GENDER
_____ Male
_____ Female

7. CONTACT INFORMATION:
Primary Phone #: ( )
Alternative Phone #: ( )
E-mail Address:

8. I DESCRIBE MYSELF AS THE FOLLOWING: (Optional)

- ☐ AFRICAN AMERICAN
- ☐ LATINO, CHICANO
- ☐ FILIPINO
- ☐ PACIFIC ISLANDER
- ☐ ASIAN AMERICAN
- ☐ NATIVE AMERICAN, ALASKAN NATIVE
- ☐ CAUCASIAN
- ☐ OTHER (specify): _____

9. I AM: (Check one)

- ☐ A U.S. CITIZEN
- ☐ AN ELIGIBLE NONCITIZEN (Enclose evidence from the U.S. Immigration and Naturalization Service that you are an eligible noncitizen).

10. I CURRENTLY HOLD THE FOLLOWING OUT-OF-STATE CREDENTIAL: (attach a copy)

TYPE & SUBJECT:_____ DATE RECEIVED: _____ STATE _____

IN ADDITION, I ALSO WILL HOLD ONE OF THE FOLLOWING:

CALIFORNIA ONE YEAR NON-RENEWABLE CREDENTIAL ☐ CALIFORNIA TWO-YEAR PRELIMINARY CREDENTIAL ☐

11. I INTEND TO OBTAIN THE FOLLOWING TYPE OF CALIFORNIA TEACHING CREDENTIAL:

- ☐ SINGLE SUBJECT IN _____
- ☐ MULTIPLE SUBJECT
- ☐ SPECIALIST CREDENTIAL
- ☐ OTHER:_____

12. I INTEND TO PROVIDE CALIFORNIA TEACHING SERVICE IN THE FOLLOWING AREA - (Check only one)

- ☐ Mathematics (grades 7-12)
- ☐ Science – Life/Physical (grades 7-12)
- ☐ Foreign Language
- ☐ Education Specialist Instruction- -Formerly Special Education
- ☐ Business
- ☐ Designated Low-Income School
- ☐ Schools Serving Rural Areas
- ☐ State Special Schools
- ☐ Schools with a High Percentage of Emergency Permit Teachers
- ☐ Low-Performing Schools
- ☐ Agriculture

NOTE: THE TEACHING AREA SELECTED CANNOT BE CHANGED AT A LATER DATE WITHOUT THE COMMISSION'S APPROVAL.

13. I CURRENTLY OWE THE FOLLOWING TYPES OF EDUCATIONAL LOANS:

Loan Type:	Subsidized	Unsubsidized	Outstanding Balance	Lender/Servicer:
☐ Stafford	☐	☐	$_____	_____
☐ Direct	☐	☐	$_____	_____
☐ Perkins			$_____	_____
☐ Consolidation	☐	☐	$_____	_____
☐ Other: _____	☐	☐	$_____	_____

14. I PLAN TO TEACH IN THE FOLLOWING SCHOOL DISTRICT FOR THE 2007-2008 SCHOOL YEAR:

COUNTY:_____ SCHOOL NAME: _____

SCHOOL DISTRICT: _____ START DATE: _____

15. THE DATE I PLAN TO MOVE TO CALIFORNIA OR DATE MOVED TO CALIFORNIA _____/_____/_____

(PLEASE TURN TO BACK OF APPLICATION TO CONTINUE)

By signing this application I understand and certify that:

- **I must be selected by the County Office of Education APLE Coordinator in order to participate in this program;**
- **I have read and understand the APLE Fact Sheet for Out-of-State Teachers;**
- **I must adhere to the application deadline and understand that applications are submitted by the County Office of Education;**
- **I hold a valid teaching credential in the subject area for which I am securing a California teaching position;**
- **I have an eligible outstanding educational loan as indicated in item #13 on the front of this form;**
- **I did not move to California and did not start employment as a teacher in California prior to the current academic year;**
- **I agree to teach full-time in a California public K-12 school in a designated shortage area (as indicated in item #12);**
- **If selected as an APLE participant, I must sign a Loan Assumption Agreement to provide four consecutive years of qualifying teaching service in the subject shortage area or school designated in item #12 of this application;**
- **I will comply with all student loan repayment obligations and continue making scheduled payments until notified by my lender(s) that my loan(s) are paid in full; and**
- **I hereby authorize my lending institution to release to the Commission the information requested which will enable the Commission to assume part or all of my educational loan debt.**

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 it 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 information regarding this application and other information I have provided concerning my application between appropriate public and private agencies.

SIGNATURE OF APPLICANT _____ **DATE** _____

DEFINITIONS OF AN ELIGIBLE NONCITIZEN:

- U.S. permanent resident, and you have an Alien Registration Receipt Card (I-151 or 1-551).
- Conditional permanent resident (I-151C).
- Other eligible noncitizen with an Arrival-Departure Record (I-94) from the U.S. Immigration and Naturalization Service showing any one of the following designations: (a) "Refugee," (b) "Asylum Granted," (c) "Indefinite Parole" and/or "Humanitarian Parole," (d) "Cuban-Haitian Entrant."

TO BE COMPLETED BY YOUR APLE OUT-OF-STATE COORDINATOR (County Office of Education)

1. The applicant will be employed during the academic school year at:

   School Name:_____

   District Name:_____ **Date Started Employment:**_____

2. The applicant holds a valid Teaching Credential authorized to teach in #12 of the application:

   Yes:_____ **No:**_____

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

(Signature of Official)	(E-Mail Address)	
(Printed or Typed Name of Official)	(Direct Phone Number)	(Fax Number)
(Title of Official)	(County Office of Education)	(Date)

THIS APPLICATION MUST BE SUBMITTED TO THE <u>COUNTY OFFICE OF EDUCATION</u>
AND THE COUNTY OFFICE OF EDUCATION MUST MAIL IT TO:

CALIFORNIA STUDENT AID COMMISSION
APLE FOR OUT-OF-STATE TEACHERS
P.O. BOX 419029
RANCHO CORDOVA, CA 95741-9029

CALIFORNIA STUDENT AID COMMISSION