

# APPLE FOR *DISTRICT* INTERNS APPLICATION 2011-12



**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/Alternative # ( )		6. College Units Completed  UNDERGRADUATE UNITS _____ SEM / QTR  GRADUATE UNITS _____ SEM / QTR			7. Passed the CBEST?  <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Credential Type: \_\_\_\_\_ Date received or expected: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 REQUIREMENT: Baccalaureate Degree Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

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) **Education Specialist** - 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.
- (12) **Industrial Arts**-Must be pursuing a single subject credential, which authorizes teaching in Industrial Arts in grades K – 12.

\*\*\*The identified areas change annually.

\*\*\*For a listing of schools in these areas, please refer to [www.cde.ca.gov](http://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

# APLE FOR DISTRICT INTERNS APPLICATION CONTINUED

The following information is for statistical purposes:

11. Age  _____	12. Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female	13. Ethnicity: (Check One) <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  _____
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## By my signature, I understand and agree that:

- I must continue in the District Intern Program until I am recommended for a preliminary or clear teaching credential.
- I agree to obtain a California K – 12 credential and teach in my designated subject area in an eligible California school grades K – 12.
- I must have received, or have been approved to receive, an eligible educational loan.
- My application and Loan Assumption Agreement (LAA) must be submitted to the APLE District Intern Coordinator by the deadline they have established.**
- If I am selected as an APLE District Intern participant, I must agree to provide four full-time consecutive school years, or on a part-time basis for the equivalent of four full-time school years, of qualifying teaching service in the area that is designated in item #10 of this application.
- I must sign a Loan Assumption Agreement.
- 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 perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in APLE. I do not owe a refund on any state or federal educational grant or have not defaulted on any student loan. I authorize the Commission to receive and to release my student records, and any application information between institutions and appropriate public and private agencies. If requested, I will provide documentation to verify all information provided.

Please sign and date:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL ADDRESS

## PLEASE RETURN TO THE APLE DISTRICT INTERN COORDINATOR

### SECTION II: TO BE COMPLETED BY APPLICANT'S DISTRICT INTERN OFFICIAL

1. District Intern program the applicant will be participating in during the current academic year:

School Name: \_\_\_\_\_

District Intern Program: \_\_\_\_\_

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

a preliminary or clear teaching credential: \_\_\_\_\_

a specialist credential: \_\_\_\_\_

By my signature, I hereby declare that under penalty of perjury, under the laws of the State of California, the above information is true as is reflected on current official school records. If requested, I must provide documentation to verify all information provided.

\_\_\_\_\_  
(Signature of District Intern Official)

\_\_\_\_\_  
(Printed or Typed Name of Official)

\_\_\_\_\_  
(Title of Official)

\_\_\_\_\_  
(Email Address of Official)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Date)

School Seal  
Must Be  
Affixed



**CALIFORNIA STUDENT AID COMMISSION**  
**P.O. Box 419029, Rancho Cordova, CA 95741-9029**  
**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) FOR DISTRICT INTERNS**  
**LOAN ASSUMPTION AGREEMENT For Academic Year 2011-12**

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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 four full-time, or on a part-time basis for the equivalent, of four (4) full-time school years, in the teaching service area in an eligible school 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 ten (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 Forms must be forwarded to the appropriate officials for completion and submission to the Commission. The forms 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 30<sup>th</sup> 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 may be withdrawn from APLE.
2. 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, science (grades 7-12), or special education in a school ranked in the lowest 60th percentile on the API. If I teach in these subject areas in a school ranked in the lowest 20<sup>th</sup> percentile of the A.P.I. then, I may be eligible for an additional \$1,000 after each year of service.

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

\_\_\_\_\_  
Signature

( )

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

## **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 on this form is the Executive Director of the Commission and the financial aid administrators at their 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.