Future Educators, **GET** Your Shine On With HCPS!

Did you know that Harford County Public Schools wants to <u>Grow Exceptional Teachers out of our graduates?</u>



WE HAVE A SCHOLARSHIP FOR YOU!

See your School Counselor for more information or visit http://www.hcps.org/departments/StudentServices/SchoolCounseling.aspx



Growing Exceptional Teachers Scholarship Program Guidelines

The Growing Exceptional Teachers (GET) Program is a scholarship and recruitment program that provides financial assistance in the form of a student scholarship and hiring incentives to Harford County Public Schools (HCPS) high school graduating seniors selected to participate in the program. The purpose of providing this financial assistance is to allow program participants to complete their undergraduate degree in a high needs area of teacher education, with the ultimate goal of receiving their teacher certification and returning to work as a public school teacher right here in Harford County.

Available Scholarships:

Twenty-five (25) \$6,000 scholarships will be awarded to HCPS high school graduating seniors planning to attend college and attain their teacher certification in one of the following teacher "critical shortage areas" identified by the Maryland State Department of Education (MSDE) and HCPS to include:

- English
- Mathematics
- Professional and Technical Education
- Science
- Special Education
- Technology Education
- World Language
- School Psychology

Program Guidelines & Priorities:

- Open to graduating high school seniors with a minimum high school GPA of 2.5 who plan to attain their teacher certification in one of the teacher content shortage areas identified by MSDE and HCPS.
 Minority and male applicants, also identified by MSDE as being in critical shortage throughout Maryland, are particularly encouraged to apply.
- Scholarship recipients will be granted \$1,000 each year for the freshman and sophomore year of college and \$2,000 each year for the junior and senior year toward tuition/fees in the pursuit of their undergraduate degree.
- Scholarship funds will be paid directly to the student's college prior to the start of each semester.
 Students are required to submit to Human Resources (HR) a timely invoice that states the tuition and fees from the college, and includes the student ID number and remittance information.
- Applicants must have the endorsement of their School Counselor confirming they are qualified for this scholarship program. To be considered, School Counselors must forward the complete application package to HR by <u>April 6, 2020</u>.
- A completed application package includes: an essay; two (2) letters of support, including one from a teacher or School Counselor; school transcript; and School Counselor signature. Applications received after April 6th will not be accepted.

Applications may be downloaded from the Harford County Public Schools website at: http://www.hcps.org/departments/StudentServices/SchoolCounseling.aspx

Please submit any questions to HR (X5226) or GETscholarship@hcps.org



Complete applications will be reviewed and recipients selected by a committee. School principals/counselor will be notified by May 1, 2020. When possible, students will be notified and recognized at Senior Recognition Assemblies.

GROWING EXCEPTIONAL TEACHERS SCHOLARSHIP APPLICATION HS GRADUATING CLASS OF 2020

| 1. | First Name: | Middle Name: | Last Name: | | |
|-------------|---|--------------|-------------|--|--|
| 2. | Student ID#: | , | | | |
| 3. | Address: No/Street: | City: | State: Zip: | | |
| 3. | Contact me at: Telephone Nur Email Address | mber: | | | |
| 4 a. | Name & contact of parent or legal gua (Include address if different from your Name: Address: | ardian: | | | |
| | Phone: | Email: | | | |
| 4b. | Name & contact of parent or legal guardian: (Include address if different from your own) Name: Address: | | | | |
| | Phone: | Email: | | | |
| 5. | Name of High School I attend: | | | | |
| 6. | Seventh Semester Cumulative Grade Point Average (GPA): (On a 4.0 scale) School Counselor— Please attach proof of GPA. | | | | |
| 7. | List Current and Past School Activities and Honors (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). You may provide an attachment. | | | | |
| 8. | List Community Activities and Hono protection/conservation, homeless ser attachment. | | | | |



| 9. | A. If you have decided on the college you will attend, please list school name/location: | | |
|-----|--|--|--|
| | B. If you have not yet selected a college, list your top 3 college choices: | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| 10. | Planned undergraduate major: | | |
| | Minor/Concentration, if any: | | |
| 11. | Degree you will receive: | | |
| | Expected Graduation Year: | | |
| 12. | I have included a letter of support from: | | |
| | 1) Name: | Relationship to me: | |
| | 2) Name: | Relationship to me: | |
| | | | |
| | | nore than 600 words in total) answering these questions: | |
| | Discuss why you have chosen to be a for your application to this scholarship | teacher, your educational career goals, and the reason(s) program. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Discuss a challenge or obstacle you have you succeed in college and beyond. | ave dealt with and overcome in life and how this will help | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



STATEMENT OF ACCURACY FOR STUDENTS

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program.

As a scholarship winner, I will remit to Human Resources the appropriate information for my scholarship to be paid directly to my educational institution.

I understand that incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

| Signature of Scholarship Applicant: | Date: |
|-------------------------------------|-------|
| Signature of Parent/Legal Guardian: | Date: |
| Signature of Parent/Legal Guardian: | Date: |



VERIFICATION BY SCHOOL COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I have submitted a complete application package for consideration.

| Name of School Counselor submitting the application: | | | | |
|---|------------------------------|--|--|--|
| High School: | | | | |
| Contact information (email and phone): | | | | |
| Signature of School Counselor: | Date: | | | |
| Checklist Application Essay School Counselor signature Letter of Support #1 (Must be from a current teacher or school of Letter of Support #2 School Transcript that confirms a minimum GPA of 2.5 as of seven support #2 School Transcript that confirms a minimum GPA of 2.5 as of seven support #2 School Transcript that confirms a minimum GPA of 2.5 as of seven support #2 Submit Complete Application GET Scholarship Committed Complete Scholarship Committed Purport P | venth semester ON PACKET TO: | | | |
| 102 South Hickory Avenu Bel Air, MD 21014 | le | | | |
| REMINDER: The deadline for this application to be received by the April 6, 2020, by 4:30 p.r | | | | |