



Section A - Student Information

Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Email: _____ Telephone #: _____

Degree Level:

- Certificate Associate Degree Bachelor Degree Graduate Certificate Master Degree Doctorate Degree

Section B - Institution Information (*All fields must be completed by the Register Office at your current institution*)

Name of Institution: _____

Name of Person Completing the Form: _____

Email Address: _____ Telephone #: _____

Degree Program: _____

What is the students Expected Graduation Date? ____/____/____

Section C. – Teaching Fellows of Maryland Certification (*Must be completed by the Register Office at the institution*)

Is the applicant accepted for admission or currently enrolled at the institution above as a full-time or part-time undergraduate or graduate student pursuing a course of study or program in an academic discipline leading to a Maryland professional teacher’s certificate. **check (✓) as applicable below:**

- The applicant has been accepted or enrolled in an eligible program; or
 The applicant has not been accepted or enrolled in an eligible program

By signing this form, I acknowledge that all information is accurate and consistent.

Signature of Student: _____

Date: _____

Signature of Institutional Register: _____

Date: _____

*Please return the **completed** form to the applicant to be submitted with the application documentation. Forms not signed or completed by the Register at the institution are **INCOMPLETE** and not considered for the scholarship.*