



Phone: (651) 642-0567  
Toll Free: (800) 657-3866  
Fax: (651) 642-0675

## Minnesota Aspiring Teachers of Color Scholarship Application (Pilot Program)

2022-2023

Instructions

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Read instructions before completing application. Incomplete applications are not processed.

Return the complete application to:  
Minnesota Aspiring Teachers of Color Scholarship  
Minnesota Office of Higher Education  
1450 Energy Park Drive, Suite 350  
St. Paul, MN 55108-5227  
[info.ohe@state.mn.us](mailto:info.ohe@state.mn.us)

### Priority Deadline

Academic Year: 2022-2023: **June 17, 2022**

**All awards are based on funds availability.** Eligible students with complete applications on file by the date above are considered for awards. After all available funds are awarded, complete applications are placed on a waiting list. Applications are accepted after the priority deadline but students are much less likely to be awarded.

### Complete Application Checklist

In order for your application to be considered **complete**, your application must include the following:

- Student Section** including all the required information that is signed and dated
- Completed **2022-2023 Free Application for Federal Student Aid (FAFSA)** or **Minnesota Dream Act application**
- College or University Section** completed by an authorized representative at the college or university you attend that includes all of the required information

### Program Information

The **Minnesota Aspiring Teachers of Color Scholarship (ATC)** is a pilot program created to provide financial support to undergraduate and graduate students who are preparing to become teachers, have demonstrated financial need, and belong to racial or ethnic groups underrepresented in the state's teacher workforce.

### Eligibility

To be eligible, students must, at a minimum:

- Be enrolled at an eligible institution located in Minnesota in a:
  - Professional Educator Licensing and Standards Board (PELSB) approved teacher preparation program seeking initial licensure; or
  - Two-year program specifically designed to prepare early childhood educators;
- Be a person of color or American Indian;
- Be meeting Satisfactory Academic Progress (SAP) requirements as defined by the institution;
- Complete a Free Application for Federal Student Aid (FAFSA) or MN Dream Act application for aid year; and
- Demonstrate financial need.

### Questions??

- If you need assistance filling out this application or have any questions, please contact us at: Telephone Number (800) 657-3866 or (651) 642-0567
- You can also submit email inquiries to [info.ohe@state.mn.us](mailto:info.ohe@state.mn.us)
- Be sure to specify your inquiry is related to the Aspiring Teacher of Color Scholarship program



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**Important Information**

PELSB approved preparation programs and two-year early childhood educator programs can be found on the program website: <http://ohe-iisd01/mPg.cfm?PageID=2508>

**Teacher Licensure Field – Question 17 of the application**

List the teacher licensure field(s) in which you will be recommended for a license after completing the student preparation program approved by the MN PELSB.

**Notice to Applicants**

**Alternate Format Available**

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (800) 657-3866 or (651) 642-0567.

**Social Security Number**

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. The Social Security number will be used by the Minnesota Office of Higher Education (MOHE) to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Aspiring Teachers of Color Scholarship program for such purposes as processing the application form, program evaluation, and reporting. You are being advised that disclosure of your Social Security number is voluntary. However, failure to submit your Social Security number may prevent further processing of this form.

**Use of Data**

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2, you are hereby informed that the information supplied in this form may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; and (2) for compilation and analysis of summary data relative to this program. Private data, including identifying information, will not be disclosed under Minnesota Statutes, Sec. 13.32, unless otherwise stated by statute or at the request of the Legislative Auditor. You are not required to provide the information supplied in this form. However, failure to submit requested data may prevent further processing of this form. The information supplied in this form may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

**Family Education Rights and Privacy Act of 1974 (FERPA)**

FERPA pertains specifically to education records of students, affording them certain rights with respect to those records. Education records are records that directly relate to a student and are maintained by an institution or a party acting as an institution. FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1). Almost all postsecondary institutions, both public and private, generally receive such funding and must comply with FERPA. Under FERPA, students are given three primary rights: (1) inspect and review their education records; (2) have some control over the disclosure of information from their education records; (3) and seek to amend incorrect education records.



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Application

Page 1 – Student Section

### Student Info – All Information Required

2. Name (Last, First, Middle)			3. Social Security Number	
4. Mailing Address			5. E-Mail Address	
6. City	7. State	8. Zip Code	9. Telephone Number ( ) -	
10. Permanent Address (if different from mailing address)		11. City	12. State	13. Zip Code
14. College or University				

### Race, Ethnicity, and Gender – Optional

Questions in this section are optional. However, we will not be able to determine if you are eligible for the Aspiring Teachers of Color Scholarship program if you choose not to answer these questions.

15. Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Select one or more of the following races:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

### Teacher Licensure Field – Optional – Students in Teacher Preparation Programs Only

Questions in this section are optional. If you are selected for an award, your college or university will be required to provide the information before any payment.

17. Teacher Licensure Field (See Instructions)

### Future Minnesota Teacher Service Agreement:

An applicant who receives an Aspiring Teachers of Color Scholarship is expected to serve as a full-time teacher in Minnesota after completing the program for which the scholarship was awarded.

#### After completing your program do intend to teach full-time in Minnesota?

- Yes, I intend on teaching full-time in Minnesota  
 No, I do not intend on teaching full-time in Minnesota

### STUDENT CERTIFICATION AND PERMISSION FOR RELEASE OF INFORMATION

Please check the box next to each statement indicating that you understand the statement:

<input type="checkbox"/> I give permission to my college and MOHE to verify the information provided on this application and to obtain information for all funding sources relating to this application. <input type="checkbox"/> I give permission to my college and/or MOHE to enter the information from this application onto the web-based application on my behalf. <input type="checkbox"/> I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I promise to provide a written report to MOHE of any changes. <input type="checkbox"/> I understand that all awards are subject to the availability of funds.	<input type="checkbox"/> I understand that any changes in my FAFSA, MN Dream Act Application, Pell Grant, MN State Grant, or other state or federal financial aid may cause my grant award to be adjusted. <input type="checkbox"/> I understand this form is used to establish eligibility for this program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program. <input type="checkbox"/> I certify that I have read and understand the Notice to Applicants section in the form instructions.
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Applicant Signature	Date
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