

# Fort Zumwalt School District Grow Your Own Teachers Program

## APPLICATION PACKET

**Carefully read ALL Grow Your Own Teachers Program information before completing the application packet. Include this page as a cover sheet in your application packet and return to:**

**Dr. Patty Corum  
Fort Zumwalt School District  
Grow Your Own Teachers Program  
110 Virgil Street  
O'Fallon, Missouri 63366**

**APPLICANT NAME** \_\_\_\_\_

**APPLICATION DATE** \_\_\_\_\_

**EXPECTED HIGH SCHOOL GRADUATION MONTH AND YEAR** \_\_\_\_\_

### **CHECK ALL ITEMS ENCLOSED:**

- \_\_\_ Completed application (to be completed by applicant)
  - Section A General Information
  - Section B Essay
  - Section C Short Answer
- \_\_\_ Teacher Recommendation (to be completed by two separate references and sent by the teacher directly to Dr. Patty Corum at District Office)
- \_\_\_ Statement of Commitment and Intent (to be completed by applicant)
- \_\_\_ Current Transcripts from high school

**Please Note: This entire package must be received by: October 1 (or last day of school prior to 10/1)**

**Incomplete applications and applications not received by the deadline WILL NOT be processed.**

### **NONDISCRIMINATION STATEMENT**

The Fort Zumwalt School District does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. If you have any inquiries or complaints concerning the application of the Fort Zumwalt School District's policy of nondiscrimination, you may contact the Assistant Superintendent of Student Services at 110 Virgil St., O'Fallon, MO 63366, (636) 272-6620 or (636) 240-2072.

# Fort Zumwalt School District Grow Your Own Teachers Program

## APPLICATION – Section A

NAME \_\_\_\_\_  
Last First Middle

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State, Zip

E-MAIL ADDRESS \_\_\_\_\_

### EMERGENCY CONTACT PERSON

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP PHONE \_\_\_\_\_

UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_

(Must be one of the participating universities. Subject to change as long as university is a participant in the program.)

MAJOR \_\_\_\_\_ GRADE LEVEL COMPLETED \_\_\_\_\_

SUBJECT AND GRADE LEVEL YOU WOULD LIKE TO TEACH \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

I declare that I will enroll in one of the participating institutions with the intention of teaching full-time in Fort Zumwalt School District for the number of years stated in the Statement of Commitment and Intent. The information submitted herein is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT'S PARENT (IF UNDER 18) DATE

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## APPLICATION – Section B

**Essay:** (Must be typed) *Write a two to four page (double-spaced) description of yourself addressing all of the following issues: (1) your primary goal(s) in life; (2) why you think you should be accepted into the Grow Your Own Teachers Program; (3) contributions you have made to your community (i.e. social, educational, religious, etc.); (4) why you desire to become a teacher;*

# Fort Zumwalt School District Grow Your Own Teachers Program

## APPLICATION – Section C

**Short Answer:** (Must be typed) *Answer the following questions on a separate piece of paper. Answers should be no longer than ½ page each.*

Describe your most important reason for teaching.

List the grade level and subject area you are most interested in teaching (must be one of the high needs areas at outlined by this program) and explain why you are interested in this level and subject area.

Where do you see yourself in ten years?

Where do you see yourself in twenty years?

Describe someone in your life who was/is a significant mentor and why.

# Fort Zumwalt School District Grow Your Own Teachers Program

## TEACHER RECOMMENDATION *Confidential*

*This form should be completed by a Fort Zumwalt High School teacher, coach or sponsor who knows the student well in the academic and/or extracurricular setting. A friend or relative should NOT complete this teacher recommendation. Recommendation should be sent to Dr. Patty Corum Deputy Superintendent, and not given directly to the student.*

RESPONDENT:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip

\_\_\_\_\_  
Telephone #

\_\_\_\_\_ is an applicant for the Grow Your Own Teachers Program and has requested that you serve as a reference. Please complete this form responding to all items. Feel free to attach additional pages if needed.

1. How long have you known the applicant? \_\_\_\_YEARS \_\_\_\_MONTHS

2. In what capacities have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What characteristics and skills does this applicant possess that you think would make him/her a successful future teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does this applicant relate to people (adults and children including fellow students)? \_\_\_\_\_

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5. What experiences, skills, or characteristics does this applicant have which would enable him/her to work well with children? \_\_\_\_\_

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6. How would you describe this applicant's academic success?

\_\_\_\_ Superior    \_\_\_\_ Above Average    \_\_\_\_ Average    \_\_\_\_ Below Average

Comments: \_\_\_\_\_

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7. Rate these qualities:	Below <u>Average</u>	Average _____	Above <u>Average</u>	Superior _____
Ability to Communicate:	_____	_____	_____	_____
Cooperation & Dependability:	_____	_____	_____	_____
Flexibility:	_____	_____	_____	_____
Motivation and Initiative:	_____	_____	_____	_____
Overall Potential For Success as a Teacher:	_____	_____	_____	_____

Comments: Add any additional information you think might aid the Selection Committee is assessing the applicant's qualifications to become a participant in the Grow Your Own Teachers Program:\_\_\_\_\_

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\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date