



**VIRGINIA DEPARTMENT OF EDUCATION  
FY 2025 HOMETOWN TEACHER PROGRAM  
INITIAL TEACHER FORM**

The 2024 General Assembly Special Session I appropriated \$240,000 for the Hometown Teacher Program. This program will provide grants to low-income high school graduates who attended an institution of higher education in the Commonwealth and subsequently teach in high-need public schools in the school divisions in which they graduated from high school.

**TEACHER INFORMATION:**

Last Name:	First Name:	Teaching License Number:
Employing School Name:	Teaching Assignment:	First Day of Employment
Phone:	Email Address:	(MM/DD/YYYY):

**TEACHER HIGH SCHOOL INFORMATION:**

High School:	High School Graduation Year:
School Division: Newport News Public Schools	Email Address:
Eligible for Free Lunch During Attendance (Y/N)?:	

**COLLEGE/UNIVERSITY INFORMATION (List all degrees earned):**

College/University:	Major:	Degree Earned:	Graduation Year:
College/University:	Major:	Degree Earned:	Graduation Year:
College/University:	Major:	Degree Earned:	Graduation Year:

**TEACHER SIGNATURE:**

*I certify that the information on this form is accurate and complete, and I meet the criteria to be considered for an award.*

Teacher Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**DIVISION SUPERINTENDENT’S CERTIFICATION OF APPLICANT**

**ATTENTION HUMAN RESOURCES DIRECTORS: Human Resources Directors must submit completed initial application forms to their Superintendent.** All applicants will be evaluated by the process established by each Superintendent’s Region to select regional nominees. Each Superintendent’s Region will determine its own process to select regional nominees based on the guidance issued in the accompanying application packet. Regional nominees should be submitted to Shawna LeBlond, Director, at [Shawna.LeBlond@doe.virginia.gov](mailto:Shawna.LeBlond@doe.virginia.gov) by March 14, 2025 for review.

I certify that the teacher named above has met the criteria for the grant, and I recommend the teacher for a grant award.

School Division: Newport News Public Schools	Superintendent’s Region: II
Superintendent’s Name: Dr. Michele Mitchell	Date: _____
Superintendent’s Signature: _____	





**VIRGINIA DEPARTMENT OF EDUCATION  
2025 GROW YOUR OWN TEACHER PILOT PROGRAM**

All applicants will complete the following application addendum and provide a recommendation from their current Principal as part of the selection process for Superintendent's Region II by March 3, 2025.

**REGION II ADDENDUM**

**SUPPLEMENTAL TEACHER INFORMATION:**

Last Name:

First Name:

M.I.:

Current Teaching Assignment (grade level and/or subject):

Total number of years as a teacher:

Please describe why you should be selected to receive the VDOE Grow Your Own Teacher Pilot Program grant (response must be 500 words or less; attach additional sheet(s) if necessary).



**VIRGINIA DEPARTMENT OF EDUCATION  
2024 GROW YOUR OWN TEACHER PILOT PROGRAM**

All applicants will complete the following application addendum and provide a recommendation from their current Principal as part of the selection process for Superintendent's Region II by March 8, 2024.

**REGION II ADDENDUM: PRINCIPAL RECOMMENDATION**

Last Name:

First Name:

M.I.:

Current Teaching Assignment (grade level and/or subject):

Total number of years as a teacher:

**Principal Recommendation**

Principal Name (Print)

School:

Principal Signature:

Date: