**Albert Shanker Grant**

**CANDIDATE EMPLOYMENT and TENURE Attestation**

To be eligible for the Albert Shanker Grant, **candidates MUST**:

1. **be employed as a full-time teacher in a NYS public school;**
2. hold a valid New York State teaching certificate;
3. **hold tenure in his/her current position;**
4. commit to and actually complete the entirety of the initial NBPTS candidacy effort;
5. continue to be employed as a full-time teacher in a New York public school for at least one full school year following completion of the initial grant period;
6. apply for NBPTS certification and pay for the first component selected; and
7. apply for the Albert Shanker Grant.

**Candidates must submit the following for application for the Albert Shanker grant:**

* signed Candidate Employment and Tenure Attestation
* proof of registration and component payment
* online applications

Submit to shankergrant@nysed.gov

**This Attestation Form verifies full-time public school employment and tenure.**

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| Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This teacher is a full-time employee of this public school district.This teacher has been awarded tenure by the Board of Education.Tenure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADMINISTRATORS:** Each eligible teacher’s sponsoring school district shall be eligible to receive a direct reimbursement from NYSED up to $500 per candidate for supportive services.

* *The National Board process is up to three-years for completion. The* ***$500 support will only be reimbursed AFTER the teacher’s INITIAL COMPLETION of ALL 4 components.***
* *Please keep a copy of this Tenure Attestation Form for your records. Upon submission for support reimbursement, you will need to provide eligible candidate names.*

By signing this form, the undersigned certifies that this candidate is a full-time public school teacher and has been awarded NYS tenure in their district.

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Signature Superintendent or Chief School Officer Date

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Printed Name