



1511Gypsum,P.O.Box797  
Salina,Kansas67402-0797  
785-309-4729

# LIFT Application (Loan Initiative for Future Teachers)

**APPLICATION DUE DATE:** January 31, annually

This electronic application form can be completed and saved to your computer. Complete Section A and email as an attachment to: michael.chambers@usd305.com

*NOTE: Request college transcripts and deliver all required forms to your two references and high school official so that they have plenty of time to complete and return forms. It is your responsibility to make sure all forms are delivered and received by the deadline date. Incomplete applications and applications not received by the deadline date/hour will not be processed.*

**APPLICATION CHECKLIST:**

- SECTION A: LIFT Program Application Form** This electronic application form can be completed and saved to your computer. Please email Section A (page 2 of this document) immediately so that we can communicate with you regarding the status of your application. Send as an attachment to: pam.mcintyre@usd305.com
- SECTION B: LIFT Essay Form** Enclose a two page (maximum) description of yourself addressing all of the following issues: (1) what specific skills or strengths you possess that would contribute to your becoming a teacher, (2) why you desire to become a teacher, (3) grade level and subject area you would like to teach and why. Optional: you may discuss special circumstances or need.
- SECTION C: Reference Reports (2)** Give to two persons (not relatives) who have the ability to answer all questions. Reports are to be mailed directly to the Salina Education Foundation, Box 797, Salina, KS 67401. Include an addressed, stamped envelope for their convenience.
- SECTION D: High School Transcript(s) and ACT/SAT Scores** Give form to high school counselor or school official. Reports must be mailed or delivered directly to the Salina Education Foundation, Box 797, Salina, KS 67401. Include an addressed, stamped envelope for his/her convenience.  
AND  
**College Transcripts (if applicable)** Please request that all post-secondary transcripts be mailed or delivered directly to the Salina Education Foundation, Box 797, Salina, KS 67401.
- SECTION E: Attestation of Eligibility**

**SECTION A: LIFT PROGRAM APPLICATION FORM**

To be completed by applicant and submitted immediately.

*NOTE: All submissions become the property of the Salina Education Foundation and will not be returned. Please keep a copy for your records. Send this completed Section A to: michael.chambers@usd305.com*

**PART I:**

\_\_\_\_\_  
LAST NAME FIRST MIDDLE INITIAL

MALE  FEMALE

\_\_\_\_\_  
PERMANENT ADDRESS EMAIL

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

**PART II:**

\_\_\_\_\_  
NAME OF CLOSEST RELATIVE RELATIONSHIP

\_\_\_\_\_  
ADDRESS EMAIL

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

**PART III**

\_\_\_\_\_  
HIGH SCHOOL ATTENDED YEAR OF GRADUATION

\_\_\_\_\_  
COLLEGE ATTENDING/PLANNING TO ATTEND ANTICIPATED YEAR OF GRADUATION

\_\_\_\_\_  
MAJOR TEACHING LEVEL  
(PRESCHOOL, ELEMENTARY SCHOOL,  
MIDDLE SCHOOL, HIGH SCHOOL)

**SECTION B: LIFT PROGRAM ESSAY PAGE 1**

Submit a two page (maximum) description of yourself addressing all of the following issues: (1) What specific skills or strengths you possess that would contribute to your becoming a teacher, (2) why you desire to become a teacher, and (3) the grade level and subject area you would like to teach and why. Optional: you may discuss special circumstances or need.

**SECTION B: LIFT PROGRAM ESSAY PAGE 2 (OPTIONAL)**

**SECTION C: REFERENCE - RESPONDENT'S REPORT 1**

Obtain a reference from an individual (not a relative) who can supply all the requested information. For their convenience, include a stamped envelope addressed to:

**Salina Education Foundation, Box 797, 1511 Gypsum, Salina, KS 67401**

*NOTE: It is your responsibility to make sure that references receive these forms in a timely manner so that the forms are received at the Salina Education Foundation no later than January 31 at 4:45 PM.*

**RESPONDENT ONE:**

_____		
NAME	PHONE	
_____		
ADDRESS	EMAIL	
_____		
CITY	STATE	ZIP

\_\_\_\_\_ is an applicant for the Loan Initiative for Future Teachers (LIFT) program and has requested that you serve as a reference. The LIFT program is sponsored by the Salina Education Foundation and awards up to \$5,000 per year to deserving students who commit to becoming teachers and returning to Salina Public Schools (USD 305) to teach. Please complete this form and mail to the address highlighted at the top of this page.

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

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

**Please respond to the following areas regarding the candidate, using a 1 (poor) – 4 (excellent) rating scale:**

- 1    2    3    4   1. Ability to work with others – has a teamwork approach to solve problems.
- 1    2    3    4   2. Commitment to excellence – willing to put time and effort into tasks.
- 1    2    3    4   3. Models appropriate behavior – appearance, poise, good role model.
- 1    2    3    4   4. Energy Level/Enthusiasm – overall optimism & zeal, willingness to be involved.
- 1    2    3    4   5. Growth Oriented – coachable, seeks out growth opportunities, strives to improve.
- 1    2    3    4   6. Flexibility – ability to change with the times, adaptable.
- YES    NO   7. Would you want this person teaching your child/grandchild?

A. What is this candidate's strongest quality? \_\_\_\_\_

B. What is this candidate's weakest quality? \_\_\_\_\_

C. Please attach a one page sheet and tell us anything else that would be beneficial in helping us to make a determination about this candidate.

_____	_____
RESPONDENT NAME	DATE

Thank you for your participation in the LIFT Program!

**SECTION C: REFERENCE - RESPONDENT'S REPORT 2**

Obtain a reference from an individual (not a relative) who can supply all the requested information. For their convenience, include a stamped envelope addressed to:

**Salina Education Foundation, Box 797, 1511 Gypsum, Salina, KS 67401**

*NOTE: It is your responsibility to make sure that references receive these forms in a timely manner so that the forms are received at the Salina Education Foundation no later than January 31 at 4:45 PM.*

**RESPONDENT TWO:**

_____		
NAME	PHONE	
_____		
ADDRESS	EMAIL	
_____		
CITY	STATE	ZIP

\_\_\_\_\_ is an applicant for the Loan Initiative for Future Teachers (LIFT) program and has requested that you serve as a reference. The LIFT program is sponsored by the Salina Education Foundation and awards up to \$5,000 per year to deserving students who commit to becoming teachers and returning to Salina Public Schools (USD 305) to teach. Please complete this form and mail to the address highlighted at the top of this page.

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

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

**Please respond to the following areas regarding the candidate, using a 1 (poor) – 4 (excellent) rating scale:**

- 1    2    3    4   1. Ability to work with others – has a teamwork approach to solve problems.
- 1    2    3    4   2. Commitment to excellence – willing to put time and effort into tasks.
- 1    2    3    4   3. Models appropriate behavior – appearance, poise, good role model.
- 1    2    3    4   4. Energy Level/Enthusiasm – overall optimism & zeal, willingness to be involved.
- 1    2    3    4   5. Growth Oriented – coachable, seeks out growth opportunities, strives to improve.
- 1    2    3    4   6. Flexibility – ability to change with the times, adaptable.
- YES    NO   7. Would you want this person teaching your child/grandchild?

A. What is this candidate's strongest quality? \_\_\_\_\_

B. What is this candidate's weakest quality? \_\_\_\_\_

C. Please attach a one page sheet and tell us anything else that would be beneficial in helping us to make a determination about this candidate.

_____	_____
RESPONDENT NAME	DATE

Thank you for your participation in the LIFT Program!

**SECTION D: HIGH SCHOOL TRANSCRIPT(S) AND ACT/SAT SCORES**

To be completed by school official.

*NOTE: Please return this form with an official high school transcript by January 31 at 4:45 PM to:  
Salina Education Foundation, Box 797, 1511 Gypsum Ave, Salina, KS 67401*

**HIGH SCHOOL OFFICIALS:**

The student presenting you this form is applying for the Salina Education Foundation's Loan Initiative for Future Teachers (LIFT) program. The LIFT program awards up to \$5,000 per year to deserving students who commit to becoming teachers and returning to Salina Public Schools (USD 305) to teach. For more information contact: Pam McIntyre, Executive Director, Salina Education Foundation, (785) 309-4729 or email: pam.mcintyre@usd305.com

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STUDENT'S NAME

1. High School GPA on a 4.00 (Do not use weighted GPA): \_\_\_\_\_

2. ACT Composite Score: \_\_\_\_\_  
(Combined SAT verbal and math must be converted to ACT scores.)

3. Class Rank in High School Graduating Class: \_\_\_\_\_

4. Number of Students in High School Class: \_\_\_\_\_

5. Completed Kansas Scholar Curriculum?  YES  NO

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NAME

PHONE

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SCHOOL

Thank you for your work on behalf of this applicant!

## SECTION E: ATTESTATION OF ELIGIBILITY

The Loan Initiative for Future Teachers program provides financial assistance in the form of a forgivable loan to individuals selected to participate in the Program. The purpose of providing this financial assistance is to allow Program participants to complete their undergraduate degree in education, with the ultimate goal of receiving their teacher licensure and working as a teacher in the Salina Public Schools. However, the Kansas State Board of Education regulations provide that individuals who have been convicted of, or pled guilty to, any act punishable as a felony may not be certified to teach. As a result, the Loan Initiative for Future Teachers program requires each applicant and participant to read and complete the following Attestation of Eligibility each year before receiving financial assistance from the Program.

The Kansas Register, Vol. 19, No. 18, May 4, 2000, Article 22 – Professional Practices Commission, states the following:

**91-22-1a.** Denial, suspension, or revocation of license; public censure; grounds; report. (a) any license issued by the state board may be suspended or revoked, or the license holder may be publicly censured by the state board for misconduct or other just cause, including any of the following:

- (1) Conviction of any crime punishable as a felony;
- (2) conviction of any crime involving a minor;
- (3) conviction of any misdemeanor involving theft;
- (4) conviction of any misdemeanor involving drug-related conduct;
- (5) conviction of any act defined in any section of article 36 of chapter 21 of the Kansas statutes annotated;
- (6) conviction of an attempt under K.S.A. 21-3301, and amendments hereto, to commit any act specified in this subsection;
- (7) commission or omission of any act that injures the health or welfare of a minor through physical or sexual abuse or exploitation;
- (8) engaging in any sexual activity with a student;
- (9) breach of an employment contract with an education agency by abandonment of the position;
- (10) conduct resulting in a finding of contempt.

The Professional Practices Commission has interpreted the above regulation to mean: the board may deny, suspend or revoke a certificate if the applicant for licensure/licensure has been convicted of a crime involving (1) dishonesty, (2) a controlled substance, or (3) a child. The commission may take action if an applicant has entered into a criminal diversion agreement after having been charged with such a criminal act. The commission has also interpreted the regulation to mean that disciplinary action may be taken in situations where there is no criminal conviction, if improper conduct is involved.

## ATTESTATION OF ELIGIBILITY

I have read and understood the above information.

I, \_\_\_\_\_, attest to the Salina Education Foundation that I have not committed any of the above-referenced acts which could result in the denial, suspension or revocation of a certificate. If I am unable or unwilling to receive my teacher licensure/licensure and/or to work as a teacher in the Salina Public Schools identified in the Statement of Commitment and Intent, I understand and agree that I will be required to repay any and all financial assistance that I have received from the Loan Initiative for Future Teachers program, in accordance with the terms of the Statement of Commitment and Intent.

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NAME

DATE