



**Science and Mathematics Academy for
the Recruitment and Retention of Teachers**

University of Missouri-Columbia

303 Townsend Hall
Columbia, MO 65211-2400
VOICE (573) 884-0174
FAX (573) 884-2917

The individual identified on page two is a teacher employed by your school district. He or she received a stipend provided under the Noyce Scholarship funded by the National Science Foundation to complete a certification program at The University of Missouri-Columbia. As a condition of that stipend, the individual must teach in a high-need local educational agency, as that term is defined in Section II, Part C of this form. The individual must teach in a high-need local educational agency for two years. The University of Missouri-Columbia needs the information identified in this document to confirm that the individual is fulfilling this service obligation.

For verification purposes, please furnish this individual with the information on the following pages. This will give the teacher the information needed to confirm that he/she is teaching in a high need school district. You will receive another form at the end of the school year that will be the official verification of service for the University of Missouri-Columbia.

Thank you for your assistance,

Marilyn Soucie
Project Coordinator

**UNIVERSITY OF MISSOURI-COLUMBIA NOYCE STIPEND
VERIFICATION OF TEACHING OBLIGATION**

I. Scholarship Recipient/Teacher Information

Name: _____

Permanent Address: _____

City, State and Zip Code: _____

Permanent Telephone Number: _____

Email address: _____

Social Security Number: _____

Date of Birth: _____

II. School District/School Information

Part A.

School District: _____

Address: _____

City, State and Zip Code: _____

Name of District Official Providing This Information: _____

Telephone Number: _____

Fax Number: _____ Email: _____

_____ has been employed by the school
Name of Teacher

district as a teacher at _____
School Name

from _____ through _____.
Day/Month/Year Day/Month/Year

Part B.

During the upcoming academic year, he/she will teach at this school ___full-time.
___ part-time.

If part-time, he/she will have a teaching schedule that is _____% of the district’s full-time teachers.

Part C.

To retain his/her financial assistance as a scholarship, _____
District Name

must be a “high-need local educational agency” as the term is used in the Noyce Stipend Agreement. Please check at least one blank that applies to the school district:

_____ It has at least one school in which 50 percent or more of the enrolled students are eligible for participation in the free and reduced price lunch program established by the Richard B. Russell National School Lunch Act (42 U.S.C.1751 et seq.)

_____ It has at least one school in which: (i) more than 34 percent of the academic classroom teachers at the secondary level (across all academic subjects) do not have an undergraduate degree with a major or minor in, or a graduate degree in, the academic field in which they teach the largest percentage of their classes; or (ii) more than 34 percent of the teachers in two of the academic departments do not have an undergraduate degree with a major or minor in, or a graduate degree in the academic field in which they teach the largest percentage of their classes.

_____ It has at least one school whose teacher attrition rate has been 15 percent or more over the last three school years.

NOTE: If none of these categories applies to the school district in which the individual is teaching, please notify the individual immediately. He or she is at risk of becoming legally responsible for repayment of the full amount of his/her stipend.

Questions/Comments

_____ I certify that the information contained in this document is correct.

_____ Signature of School District Official

_____ Date

_____ Name of School District Official

_____ Title