

TEACHER FELLOWSHIP PROGRAM 2019-20

Eligibility Criteria

To be eligible to receive a Teacher Fellowship a candidate must:

1. be a Canadian citizen or landed immigrant and be a permanent resident of the Province of Newfoundland and Labrador. Candidates from other provinces and territories must have worked in Newfoundland and Labrador for at least one year immediately preceding the start of the university program;
2. be in full-time attendance at an accredited Canadian post-secondary institution in a French milieu in Canada;
3. take credit courses only;
4. register only for courses where the language of instruction is French. (It is the responsibility of the applicant to ensure that the courses are available in French);
5. hold a valid Newfoundland and Labrador teacher's certificate;
6. have taught a minimum of 50 days in Newfoundland and Labrador during the 2018-19 school year. This does not include the completion of an internship;

Funding

The awarding of financial assistance to successful applicants in this program is subject to the availability of funding.

1. Teachers meeting the eligibility criteria may be awarded a Teacher Fellowship to a maximum of \$25,000 (\$12,500 per semester).
2. Fellowships constitute taxable income under the Income Tax Act of Canada. A T4A form will be issued by the Department of Education and Early Childhood Development.
3. The Programs and Services Division is required to inform Student Aid Division of all funding awarded under the Teacher Fellowship Program.

Administration

The following documents must accompany all applications:

1. Proof of Canadian citizenship or landed immigrant status. Birth certificate is acceptable for Canadian-born applicants. (Photocopy only).
2. *Certification of Teacher Status* form completed by school district office.

N.B. Only complete applications will be accepted (2 pages).

Selection

1. The deadline for receipt of applications at the Programs and Services Division is **12:00 noon, Newfoundland time, June 7, 2019.**
2. Applicants will be advised of their status, **in writing**, shortly thereafter.
3. Fellowships will be awarded by computer random selection if necessary.
4. Should a candidate decide to cancel all or half of the Teacher Fellowship, the candidate must contact the Programs and Services Division immediately. **This must be followed by a written confirmation of cancellation.**

Payment

1. A first payment of \$12,500 will be issued upon receipt of the completed *Fall Certification of Course Attendance* form which is provided by the Programs and Services Division.
2. A second payment of \$12,500 will be issued upon receipt of the completed *Winter Certification of Course Attendance* form accompanied by an official transcript of the fall semester's marks indicating that the student has successfully completed a minimum of four courses.

FOR ADDITIONAL INFORMATION, CONTACT:

Brigitte Allain - brigitteallain@gov.nl.ca
Programs and Services Division
Department of Education and Early Childhood
Development
P. O. Box 8700
St. John's, NL A1B 4J6

Telephone: 709-729-2741
Facsimile: 709-729-1400

www.ed.gov.nl.ca/edu/k12/french/bursaries.html

NOTE: It is the responsibility of the applicant to ensure that the application, whether mailed or faxed, is received at the Programs and Services Division by the deadline date.

PRIVACY NOTICE

Personal information collected on this form is protected by the *Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)* and is used solely for the purposes of the administration/operation of the *Teacher Fellowship Program* provided by the Programs and Services Division of the Department of Education and Early Childhood Development (EECD). This information is kept confidential and held securely as required by *ATIPPA, 2015*. If you have any questions about the collection or use of this information, please contact the Policy and Information Management Division of EECD at 709-729-6281.



For Office Use Only	
Date Received	File Number

APPLICATION FORM TEACHER FELLOWSHIP PROGRAM 2019-20		
Last Name	First Name Initial	S.I.N.
Full permanent address	City/Town/Community Postal Code	Telephone Cell
Address during school year (if different)		Telephone
Email address		
School where you are teaching	Telephone	
School District	Telephone	
Have you ever received a Teacher Fellowship? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?		
Category of applicant: Core French Teacher <input type="checkbox"/> FI Teacher <input type="checkbox"/> French First Language Teacher <input type="checkbox"/> Other <input type="checkbox"/>		
Proposed Program of Study		
University of your choice	Program	Fellowship requested for: Fall semester 2019 <input type="checkbox"/> Winter semester 2020 <input type="checkbox"/>
Have you applied to the university? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Courses: French language <input type="checkbox"/> Education <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
<p>Applicant's Declaration I declare that all information provided is complete and true. I have read and accept the conditions stated on the reverse side of this form and have answered all questions applicable to me on the form. I also agree to return to Newfoundland and Labrador to resume my teaching duties in 2019-20.</p> <p>_____ (Date) _____ (Signature)</p>		
<p>Forward Application to: Programs and Services Division, Department of Education and Early Childhood Development, P.O. Box 8700, St. John's, NL A1B 4J6 Attention: Brigitte Allain <i>brigitteallain@gov.nl.ca</i> Application Deadline: June 7, 2019</p>		

Funding for this program is being made available through the *Canada-Newfoundland and Labrador Agreement on Minority-Language Education and Second Official-Language Instruction.*



EMPLOYMENT STATUS

Last Name	First Name	Initial	S.I.N.
Teacher Status 2018-19: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Replacement/Substitute <input type="checkbox"/> Number of days _____			
Category: Core French Teacher <input type="checkbox"/> French Immersion Teacher <input type="checkbox"/> French First Language Teacher <input type="checkbox"/> Other <input type="checkbox"/>			
Teacher status 2020-21:			
Name of School:			
School District:			
Has this teacher applied for paid educational leave? Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____ Director of Education		_____ Date	

NOTE: This form must be completed by the Director of Education and submitted with your application for a Teacher Fellowship. The application will not be accepted if this form is not included.

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