



First Time - Long Time New Teacher Support Program

FT-LT Program was funded by the Kentucky Department of Education's New Teacher Induction Grant (ESSER II) last year. This year, the grant is being fully funded through OVEC's general fund.

Who is eligible to be a recipient of the FTLT Program?

- New teachers (three or fewer years) who are enrolled in an educator preparation program approved by Kentucky Education Professional Standards Board. This includes (but is not limited to) alternative certification/emergency certification teachers enrolled in educator preparation programs. ([EPAL: Approved Educator Preparation Providers and Programs](#)) (e.g. alt cert, opt 6)
- Teachers who are pursuing additional certification approved by your district as high-need. This includes new teachers (three or fewer years) and more experienced teachers that are re-certifying in a high-need area. (e.g. Exceptional Child Educator, middle school mathematics, secondary science: biology, chemistry, physics)
- Participants in Continuing Education Option Rank change programs (e.g. LETRS)

Each selected individual will receive a maximum scholarship of \$4000 towards their education program to become a teacher or add an additional certification.

Eligibility requirements for application:

- ENROLLED IN AN ACCREDITED TEACHER EDUCATION PROGRAM
- MUST COMMIT TO REMAIN WITH THE DISTRICT FOR 3 YEARS OR BE SUBJECT TO REPAYMENT TERMS
- MUST COMMIT TO ATTEND MONTHLY ZOOM MEETINGS
 - ZOOM MEETINGS: Jan. 25, Feb. 22, Mar. 28, Apr. 18, Aug. 22, & Sept. 26
- MUST COMMIT TO ATTEND TO A ONE DAY SUMMER CONFERENCE
 - June 12, 2024 9 AM - 4 PM in Shelbyville

Please complete all requested information and submit to [Sarah Whitt @OCBE](#) by December 14, 2023.

NAME: _____

POSITION: _____

SCHOOL: _____

I currently have a total of _____ credit hours and am pursuing the following degree/credential (please select the appropriate program below):

- Associate's Degree in: _____
- Bachelor's Degree in: _____
- Master's Degree in: _____
- Advanced Degree in: _____

The following documentation MUST BE submitted along with this completed form:

- A copy of your acceptance into the program
- A copy of your current degree program of studies

Contract for Repayment of Tuition Assistance

I do hereby understand the Oldham County Schools tuition application process and I agree to abide by this policy. I agree to reimburse, through payroll deduction or check made out to the district, the amount of scholarship assistance I received if I do not obtain a grade of C or higher, or if I am terminated or resign my current position within three (3) years of completion of the course work. I further understand that the full amount of financial assistance to be repaid may be withheld from any pay to which I may be entitled when I leave the employ of Oldham County Schools.

Staff Signature: _____ Date Signed: _____

Supervisor Signature: _____ Date Signed: _____

Director Signature: _____ Date Signed: _____