

| Section I. Recipient Information (please print) | | | |
|--|--|---|--|
| Name: | | Candidate ID Number: | |
| Phone | : | Email: | |
| Please check the status that applies to you: Please note that teaching indicates you are responsible for the day to day instruction of students. Teaching does not include coaching nor mentoring. | | | |
| | I currently teach in an Arizona public school. I plan to the process of National Board Certification. | teach in an Arizona public school one year after completing | |
| | I currently teach in an Arizona public school but do not plan to teach one year after completing the process of National Board Certification. (If YES, stop here and submit form.) | | |
| | I am currently not teaching in an Arizona public school | . (If YES, stop here and submit form.) | |
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Section II. Institution and Arizona Board of Regents Contact Information

| Arizona K12 Center | Arizona Board of Regents |
|--|---|
| 99 E Virginia Avenue, Suite 100 Phoenix, AZ 85004 | 2020 N Central Avenue, Suite 230 Phoenix, AZ 85004 |
| 602.443.6444 | 602.229.2500 |

Section III. Program Agreement

The Arizona K12 Center at Northern Arizona University, on behalf of the Arizona Board of Regents, is providing to you, the Recipient, funding through the Arizona Teachers Academy (ATA) to pursue National Board Certification in accordance with Arizona Revised Statutes § 15-1655. This funding is one time and covers the initial costs of the four components of the National Board Certification process as well as candidate support activities.

Recipient must initial each statement set forth below:

- 1) I understand that to be eligible for funding I must complete a Pre-Candidacy class, National Board Kickoff, one Coaching Saturday, and attend the monthly cohort meetings.
- 2) I will complete all four components of the National Board Certification process within the allotted time frame.
- 3) I understand and agree that if I cannot complete the process of National Board Certification I must withdraw from the process with the National Board for Professional Teaching Standards by the prescribed deadline. If I fail to do this, I will reimburse the Arizona Board of Regents for the total amount of the ATA costs of my candidacy.
- 4) I understand and agree that in exchange for the scholarship to pursue National Board Certification from the Arizona K12 Center at Northern Arizona University, I am obligated to teach for the entire school year in an Arizona public school following the submission of all four components.
- 5) I understand and agree that if I do not fulfill my obligation under this Agreement to teach in an Arizona public school for the one full year following my National Board submission, I will reimburse the Arizona Board of Regents for the total amount of the ATA costs of my candidacy.
- 6) Upon completion of the National Board Certification process, I will submit employment documentation, employer contact information and my current address/phone information for the following school year. In addition, I will:
 - a. Respond to all communications and requests from Arizona K12 Center at Northern Arizona University and the Arizona Board of Regents within the timeframe indicated in the communication.
 - b. Comply with any procedures deemed necessary and appropriate by Arizona K12 Center at Northern Arizona University and the Arizona Board of Regents, all terms and conditions set forth in this Agreement, and all applicable laws, rules, policies and regulations.

nitial I understand and agree to all items in Section III.





| Section IV. Repayment Obligation | | | |
|---|---|--|--|
| If I fail to maintain eligibility for the ATA Program, or fail to complete my teaching commitment as set forth in this | | | |
| Agreement, I will: | | | |
| 1) Reimburse the Arizona Board of Regents as follows: | | | |
| 1) | a. If I do not withdraw from the process with the National Board for Professional Teaching Standards by | | |
| | stated deadline, I will reimburse the Arizona Board of Regents the full amount put towards my candidacy. | | |
| | b. If I do not fulfill my obligation under this Agreement to teach in an Arizona public school for the required | | |
| | | | |
| 2) | period of time, I will reimburse the Arizona Board of Regents the full amount put towards my candidacy. | | |
| 2) | Contact the Arizona Board of Regents to set up a repayment schedule. | | |
| 3) | 3) Enter repayment status and begin repayment on the first day of the first calendar month after the earlier of (1) the Arizona Board of Regents determining or, (2) the Arizona Board of Regents being notified that I will be unable or | | |
| | | | |
| 0 | unwilling to fulfill the teaching commitment. | | |
| 4) | | | |
| - | Regents after I enter repayment status. | | |
| 5) | | | |
| | repaid, or as determined by the Arizona Board of Regents. I understand that my repayment schedule will provide | | |
| | for the total scholarship to be repaid within one to five (1-5) years, as required by the Arizona Board of Regents. | | |
| 6) | Agree that if I fail to repay the scholarship as stated in this Agreement, that delinquent accounts will be referred to | | |
| | outside collection agencies and will be reported to national credit bureaus. Should it become necessary for the | | |
| | Arizona Board of Regents to retain an attorney or collection agency to secure payment of any amount due, I will | | |
| | be responsible for paying all attorney's fees, court costs, and collection agency charges. | | |
| | | | |
| Initial | Lunderstand and agree to all items in Section IV | | |
| 111111.01 | I understand and agree to all items in Section IV. | | |
| Section VII. Legislative Action | | | |
| Initial | If statutory authority for the ATA Program, including authority for funding, is repealed, amended, or significantly modified, either by legislative action or the administrative action of the State of Arizona or the Arizona Board of Regents, this Agreement may be modified accordingly. In such event, Northern Arizona University will provide written notification of changes. | | |
| | I authorize the release of information pertinent to my ATA Scholarship funding by Northern Arizona University | | |
| Initial | | | |
| | | | |
| Section VIII. Signature | | | |
| By signing below (and initialing on the preceding page), I acknowledge and agree that I have read and understand the information set forth in this Arizona Teachers National Board Scholarship Agreement and that I have had the opportunity to consult with the advisor, counselor, or attorney of my choice before signing this Agreement. I will, in exchange for scholarship funding, fulfill my work obligations according to the terms and conditions described herein. | | | |
| RECIP | IENT: | | |
| Signatur | re Date | | |
| Signatu | | | |
| | | | |
| Printed | Name District | | |
| | | | |
| Submit this completed form via email to kwaite@azk12.org | | | |
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