NOTE: Please read the directions first before proceeding.

In order to comply with the terms set forth by the Governor’s Teaching Fellowship Program, verification of status is required on a periodic basis. Please print out, complete, and return to GTF the Section of the Verification Form that matches your current status. Please send these by mail to the GTF address printed on each Section of the form. All status forms and documentation must be postmarked by May 10, 2013 at 5:00 p.m. We will not be accepting status update forms by email or by hand delivery. If we do not receive your form, your file will be forwarded for collection of the total amount received.

If your status or contact information changes at any time, it is your responsibility to notify the GTF office immediately.

DIRECTIONS

Use the list below to select the appropriate Section to print out, complete, and return to GTF. Sections are located on pages following these directions.

If you are CURRENTLY ENROLLED FULL TIME for the spring term in a teacher preparation program (NOT EMPLOYED), complete SECTION A.

If you have COMPLETED a credential program and are SEEKING EMPLOYMENT, complete SECTION B.

If you have COMPLETED your credential program and have SECURED EMPLOYMENT, complete SECTION C.

If you have SECURED EMPLOYMENT but have been NOTIFIED OF IMPENDING LAY OFF from your current position, complete SECTION D.

If NONE OF THE ABOVE describes your current status, complete SECTION E.

****************************************************************
DEADLINE FOR STATUS VERIFICATION FORMS
Postmarked on May 10, 2013 by 5:00 p.m.
****************************************************************

Return the appropriate form to: Governor’s Teaching Fellowship Program
P.O. Box 1590
Long Beach, CA  90802-1590

Updated 04/18/2013
Spring 2013 Status Verification
Governor’s Teaching Fellowship Program

Section A: Currently Enrolled Full Time (Not Employed)

Please Type Only


GTF Fellow: ____________________________________________________________

Last Name                                           First                                           Middle

SS#: ___________________ Phone: (____) ___________________ Email: ___________________

Address ___________________________________________ City ___________________ State ____________ Zip ______

☐ Check here if contact information has changed

Institution: __________________________________________________________

Anticipated program completion date: ________________ (mm/dd/yyyy)

I hereby certify that the above information is correct.

_____________________________________________________
(Signature)                                          (Date)

******************************************************************************
DEADLINE FOR STATUS VERIFICATION FORMS
Postmarked on May 10, 2013 by 5:00 p.m.
******************************************************************************

Return to: Governor’s Teaching Fellowship Program
P.O. Box 1590
Long Beach, CA 90802-1590

For Office Use Only
Date of Verification: ____________
Administrator: ____________

Updated 04/18/2013