



Status Verification Report
 Paul Douglas Teacher Scholarship Program
 Florida Department of Education
 Office of Student Financial Assistance
 State Loan Servicing
 1940 North Monroe Street, Suite 70
 Tallahassee, FL 32303-4759

toll-free 1-888-827-2004
 fax 1-850-488-5966

Section I: To Be Completed By All Program Participants

Please check for accuracy and revise your social security number, telephone, name, and/or address if needed. Print or Type.

Our Information	Your Revisions, as Needed
Program Number	Social Security No ()
	Telephone
	Name
	Permanent Address: Street Apt. No.
	City State Zip Code

Please complete the appropriate responses below and check (✓) all answers that apply to you.

Section II: To Be Completed By Students No Longer In School

1 I have graduated from my undergraduate program. Yes. If yes, reply to 1a, 1b, 1c, & 1d. No. If no, continue to item 2.

1a When: _____ / _____ / _____

1b With a degree from (name of institution): _____

1c With the degree of (e.g., BA, BS, etc.): _____

1d With a major in: _____

2 I have withdrawn from school without graduating. Yes No

2a I withdrew on (date): _____ / _____ / _____

Section III: To Be Completed By Students Currently Enrolled

3 I am currently enrolled: Full time. Part time.
 3a I am enrolled in a program leading to teacher certification. Yes. Complete Section V. No. Complete Section VI.
 3b I am in graduate school. Yes No
 3c I plan to attend graduate school next year. Yes No

Section IV: To Be Completed By Teachers

4 I am currently teaching full time in a school or other educational facility at the preschool, elementary, or secondary level.

Yes. If yes, reply to 4a, 4b, 4c, & 4d, 4e, 4f. No. If no, reply to item 5.

4a The school or other educational facility is public private, non-profit

4b Subject(s) I am teaching: _____

4c Grade level(s) I am teaching: Primary Elementary Middle Secondary K-8 K-12

4d I am teaching in (school name): _____

4e I am teaching in (name of school district): _____

4f I am teaching in (name of state): _____

5 If not already doing so, I intend to satisfy the teaching requirement as outlined in the Scholar Agreement and Promissory Note by teaching full time in a public or private non-profit school or other educational facility at the preschool, elementary, or secondary level. Yes No

I certify that the information I have provided is correct. I understand that it is my responsibility to notify the Florida Department of Education, OSFA of any changes that may affect my status under the Paul Douglas Teacher Scholarship Program. In addition, I understand that it is my responsibility to notify OSFA of any change to my name, permanent address, or telephone number.

I further authorize my postsecondary institution to release information to the Florida Department of Education by completing Section V and/or Section VI of this report as required.

Scholar's Signature

Date

IMPORTANT: IF THIS REPORT IS NOT COMPLETED AND RETURNED WITHIN 30 DAYS, YOUR ACCOUNT COULD BE PLACED IN REPAYMENT STATUS WITH INTEREST ACCRUING AS INDICATED IN YOUR PROMISSORY NOTE.

Section V: To Be Completed By Your Dean Or Academic Adviser

is currently enrolled **full time** in and making satisfactory progress toward completing a program of study leading to certification as a teacher at the preschool, elementary, or secondary school level.

I certify that _____
Student's Name

The student's expected graduation date is ____/____/____

and academic level is: (Check [✓] one.) _____ Junior _____ Senior _____ Graduate

Signature of Certifying Official

Date

Name and Title of Certifying Official (Print or Type)

(_____) _____
Telephone Number

Name of Postsecondary Institution

Address

City

State

Zip Code



NOT VALID WITHOUT STAMP OR SEAL

Section VI: To Be Completed By The Postsecondary Institution For A Student Enrolled Full Time Or No Longer Enrolled In A Program Leading To Teacher Certification

is currently enrolled in and making satisfactory progress toward completing a **full-time** program of study leading to a degree.

I certify that _____
Student's Name

The student's expected graduation date is ____/____/____

and academic level is: (Check [✓] one.) _____ Junior _____ Senior _____ Graduate

Degree: _____

Major: _____

Signature of Certifying Official

Date

Name and Title of Certifying Official (Print or Type)

(_____) _____
Telephone Number

Name of Postsecondary Institution

Address

City

State

Zip Code



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**RETURN THIS REPORT IN THE ENCLOSED POSTAGE-PAID ENVELOPE TO:
Florida Department of Education, Office of Student Financial Assistance,
State Loan Servicing, 1940 North Monroe Street, Suite 70, Tallahassee, FL 32303-4759**