



Rural Alternative Licensure Stipend Application

**2021/2022
Academic Year**

**Application Deadline:
September 30, 2021**

Application Instructions for the Rural Alternative Licensure Stipend

The Colorado Center for Rural Education and the Colorado Department of Higher Education encourage talented individuals interested in teaching to enroll in an alternative licensure program and work in a rural or small rural school district in Colorado. The Rural Alternative Licensure Stipend (RALS) provides recipients and/or their districts with up to \$6,000 of funding to pay for the costs of the recipient's selected alternative licensure program.

Eligible Applicants Must Meet the Following Criteria:

1. Be employed in one of Colorado's [146 rural or small rural school districts](#) (see below)
2. Be enrolled in one of Colorado's approved alternative licensure programs.
3. Provide an Alternative License **or** completed Statement of Assurance from the Colorado Department of Education (CDE).
4. Be committed to remain in a rural school district for a period of three (3) years after receiving an alternative teaching license from CDE.

Definition of Colorado Rural School District: A Colorado school district is determined to be rural giving consideration to the size of the district, the distance from the nearest large urban/urbanized area, and having a student enrollment of 6,500 students or less. Small rural districts are those districts meeting these same criteria and having a student population of less than 1,000 students. The current official CDE list of rural and small rural districts can be accessed at the following website:

<https://www.cde.state.co.us/cdeedserv/march2020ruraldesignationlist>

Preference will be given to applicants who demonstrate a willingness to teach in a rural school district (*especially small rural school districts with less than 1000 students*) located 50 miles or more from major metropolitan areas and outside of the Front-Range region of Colorado.

Selection and Award Process: In the event that the number of applications exceeds the amount of available funding provided by Colorado's General Assembly, stipend recipients will be selected using a random lottery draw and [by CDE region](#). Of the total applications, 55% will be awarded to individuals working in small rural school districts, and 45% will be awarded to individuals working in rural school districts.

Application Components and Requirements: A hard copy of a complete RALS application packet includes the following:

1. A complete General Application and Agreement Form (this document).
2. Your Alternative License **or** Statement of Assurance from the Colorado Department of Education (CDE).

These two items can **either** be:

- a. scanned and emailed to ruralalternativelicensurestipend@unco.edu.
- b. printed and mailed to:

University of Northern Colorado
Colorado Center for Rural Education
Campus Box 106
501 20th Street
Campus Box 106
Greeley, CO 80639-0028

Incomplete applications will not be considered. For more information email
ruralalternativelicensurestipend@unco.edu.

More information about the Colorado Center for Rural Education RALS application and award process can be found at <https://www.unco.edu/colorado-center-for-rural-education/>

Rural Alternative Licensure Stipend Application

Name (Last, First, MI)

Application Checklist

Checked by Candidate	All Must Be Attached and Completed Before Submitting to the Rural Alternative Licensure Stipend Selection Committee:	Checked by CCRE Staff
<input type="checkbox"/>	Cover Sheet with Application Checklist and Agreement (this form)	<input type="checkbox"/>
<input type="checkbox"/>	Completed General Application form (p. 5 & 6)	<input type="checkbox"/>
<input type="checkbox"/>	Official Colorado Department Alternative License or Statement of Assurance	<input type="checkbox"/>

Signature and Agreement

By signing below, I confirm I understand the following:

1. Should I receive the Rural Alternative License Stipend, I am obligated to fulfill the requirements of the program to the best of my ability.
2. I give permission to Colorado Center for Rural Education to release this information to the Colorado Department of Higher Education, if required.
3. I give the University of Northern Colorado and the Colorado Department of Higher Education permission to publicize my Rural Alternative License Stipend Award and post my photograph.
4. I understand that my Rural Alternative License Stipend might affect other financial aid awards, and it is up to me to verify this by checking with the Financial Aid Office at my institution, if applicable.
5. I understand that I may be asked to provide information the Center could use for research and evaluation purposes in the future.
6. I understand that the stipend will be distributed by the Colorado Department of Higher Education.

I certify by my signature that I have read and understood the information in this application and that it is complete and accurate.

Applicant's Signature

(digital or scanned if sent electronically)

Date

PERSONAL INFORMATION AND DEMOGRAPHICS

Name (Last, First, MI):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Address:	<input type="text"/>		
City, State, Zip Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Preferred e-mail:	<input type="text"/>	Alternate e-mail:	<input type="text"/>
Birthdate (MM/DD/YYYY):	<input type="text"/>	Gender (optional):	<input type="text"/>

How would you describe yourself? (Select all that apply):

Hispanic or Latino	<input type="checkbox"/>
America Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

If you have not checked any of the above, please share how you self-identify yourself(optional):

Are you a veteran? Yes No

Do you have a qualified disability? Yes No

EMPLOYMENT INFORMATION

Name of School District:	<input type="text"/>		
School Name:	<input type="text"/>		
School Mailing Address:	<input type="text"/>		
City, State, Zip Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teaching Assignment (grade levels and/or content field):	<input type="text"/>		
Principal Name:	<input type="text"/>		
Principal email:	<input type="text"/>	Phone:	<input type="text"/>

ALTERNATIVE LICENSURE PROGRAM INFORMATION

Alternative License Program Provider:

Alternative Licensure Program Contact (First, Last):

Alternative Licensure Program Contact Email:

Alternative Licensure Program Contact Phone:

Alternative Licensure Area of Endorsement:

What year and semester (Summer, Fall, Spring) did you begin your alternative licensure program?

Does your school district pay for all or a portion of your alternative licensure program (circle one)? Yes No

If you circled yes to the above question, are you repaying your district for all or a portion your program? Yes No

EDUCATIONAL EXPERIENCE

What is the highest degree you have earned (e.g. BA, MA, Ed.D, Ed.D, Ph.D)?

In what field(s) of study did you receive your degree(s)?

REFERENCES

Please list individuals we may contact to provide a recommendation (2 required). You may also include information for up to two additional contacts.

	Name
	Position
1	Email Address
	Phone
	Name
	Position
2	Email Address
	Phone
	Name
	Position
3	Email Address
	Phone
	Name
	Position
4	Email Address
	Phone