

Native Teacher Retention Initiative - Participant Form

TCC recognizes the importance of education as an essential building block for a strong and thriving community—and supporting, and nurturing, indigenous classroom teachers is vital component of a healthy community. This program is open to all indigenous classroom teachers, enrolled in a federally recognized tribe, that teach in a TCC served rural community. Please complete **all** fields.

Personal Details

Last Name		First Name	
Mailing Address:		City:	State: Zip:
Phone:		Personal Email Address:	
Sex: ☐ Female ☐ Male ☐ Prefer Not To Provide		Are you a member of a federally recognized tribe? ☐ Yes ☐ No If "Yes" what tribe?	
Regional Corporation (Doyon, Ahtna, etc.):		Are you a member of the Association of Interior Native Educators? ☐ Yes ☐ No (If "No", would you like more information?) ☐ Y ☐ N	

School Information (where you currently teach or are contracted to teach for the upcoming academic year)

School Name:		Principal's Name (first & last):	
School Mailing Address:			
Years at this school:	Degree(s) you hold:		
Grade(s) You Are Teaching (if area isn't listed, e.g. reading specialist, write in here: _____) ☐ K ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th ☐ 6 th ☐ 7 th ☐ 8 th ☐ 9 th ☐ 10 th ☐ 11 th ☐ 12 th ☐ SPED ☐ Native Language			
Number of years you have taught:	Other communities you have taught in (name & state):		
Number of students you currently provide instruction to:		Approximate percentage of Native students in your class:	

Aspects of the program you wish to participate in:

- ☐ Amazon Wish List for classroom supplies/teaching materials
- ☐ Travel scholarships for professional development opportunities (*reimbursed or arranged by TCC*)
- ☐ Partial reimbursement for home internet access (*proof of payment required*)

☐ Other benefit(s) you'd like the Education staff to consider, please specify:

ACKNOWLEDGEMENTS

Please initial your acknowledgement of each section below:

I understand that TCC reserves the right to return incomplete forms for additional info. This may delay my request per each return. *(We will review requests within 2-5 business days of receipt.)* _____

I understand that Amazon Wish Lists are for materials, supplies, equipment, or other classroom expenses not supported by my school's budget. The following are not eligible for purchase: alcohol, gift cards, tobacco or related products, or subscriptions. *(This is not a comprehensive list and we reserve the right to make adjustments.)* _____

I acknowledge that my participation in this program is voluntary and that it is my obligation to cover any tax liability, should there be any. I also acknowledge that I am not guaranteed funding and that funding is based on availability. _____

I agree to abide by all rules and procedures relating to purchasing, travel, and reimbursement. I understand that when asking for reimbursement I must provide proof of payment and event information. I understand that if TCC will be paying and arranging for my travel that I must make this request for arrangements no less than **three (3) weeks** in advance with all required documentation/information (event agenda, preferred flights, etc.). _____

CERTIFICATION

I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification. I further certify that any funds received from Tanana Chiefs Conference will be solely used for expenses related to the teaching profession.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize TCC to release the following information for publications (select all that apply):

☐ Name

☐ School Where Teaching

☐ Photo (if available)

Signature

Date

If you are unsure whether you qualify, please contact either Stephanie Hinz (stephanie.hinz@tananachiefs.org, 907-452-8251, ext. 3447) or Blanche Murphy (blanche.murphy@tananachiefs.org, ext. 3185).

EDUCATION STAFF USE ONLY -----

Eligibility	Amazon amount	Travel amount	Internet reimbursement