

## TREC PROGRAM APPLICATION CHECKLIST

Please submit the following six (6) components as your TREC Application Packet:

- 1. Letter of Interest Submit a **one** page letter summarizing your reasons for applying for TREC's Tuition Award Program and why you have chosen to work for children in school settings. Please describe your background, qualifications, and your personal strengths related to your school district career choice.
- 2. Current Resume Your resume should detail your educational background and work experience in addition to other pertinent information.
- 3. Application Complete and sign the TREC application (if you are selected for a paid internship/employment, you will need to complete the TREC employment Application online through NEOGov or member district employment system).
  - Verifications and Assurances Form
  - Consent of Release Form
- 4. Verification of Program Admission: Provide documentation of acceptance to or enrollment in an accredited university, college, or community/technical college program and have a representative of the program complete the Verification of Program Admission form.
- 5. Transcripts: Please submit a record of all your current college work to date (most recent Bachelor's or Master's Program). Unofficial transcripts are acceptable. Be sure that these records verify any degrees earned. You should, however, be sure you have *one set of official transcripts on hand because they will be required if you are accepted for an internship/employment.*
- 6. References: Please submit names and recommendations from **THREE (3)** people that we may contact. These references should have knowledge of your skills and knowledge base in the related field you have chosen, or they should be able to provide us information about your skills, experience, and commitment to working with children and youth. Of these **THREE (3)** recommendations:
  - ONE** can be from a **Program Administrator** verifying your good standing, enrollment status, and anticipated completion **AND/OR** if you are new to the program, and the administrator does not know you well, you may substitute with the
  - Employer/Supervisor** Recommendation Form.
  - TWO Professional Recommendations** are required if only one of the reference options above is provided.

Submit the above 6 components as your completed application packet via email to [marlene.gonzalez@esd112.org](mailto:marlene.gonzalez@esd112.org) or mail to:

Marlene Gonzalez, TREC Program  
Student and School Success  
Educational Service District 112  
2500 NE 65<sup>th</sup> Avenue  
Vancouver, WA 98661



# TREC PROGRAM APPLICATION

Please indicate the special education shortage area in which you are seeking a qualifying degree and/or license:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Physical Therapist   | <input type="checkbox"/> Physical Therapist Assistant               | <input type="checkbox"/> School Psychologist                               |
| <input type="checkbox"/> Speech Language Pathologist  | <input type="checkbox"/> Speech Language Pathologist Assistant      | <input type="checkbox"/> Sign Language Interpreter                         |
| <input type="checkbox"/> Occupational Therapist   | <input type="checkbox"/> Occupational Therapist Assistant           | <input type="checkbox"/> School Nurse <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Teacher (area/concentration): _____ (Other Specialties may include): |   | <input type="checkbox"/> Behavior Specialists                              |
| <input type="checkbox"/> Teachers of Students with Vision Impairments (TVI)                   | <input type="checkbox"/> Orientation and Mobility Specialists (O&M) | <input type="checkbox"/> Early Childhood Education (ECE)                   |
| <input type="checkbox"/> Other _____  |   |  |

Please check the appropriate box to indicate what you are applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> I am applying for the Tuition Award     | <input type="checkbox"/> I am applying for the paid internship         |
| <input type="checkbox"/> I am applying for a non-paid internship | <input type="checkbox"/> I am open for a paid or a non-paid internship |
| <input type="checkbox"/> I am applying for Employment only       |  |

Please indicate availability for internship dates:

My internship needs to be scheduled beginning \_\_\_\_\_ to \_\_\_\_\_ and will be part-time/full-time for a total of \_\_\_\_\_ days. Minimum hours I need to complete are \_\_\_\_\_.

Please indicate what type of supervision, hours (individual/group etc.), along with specific internship goals and objectives and College or University requires (attach additional pages if needed): \_\_\_\_\_

**Employment/Internship Placement Information:** Please list Washington state school districts or ESD area in which you prefer placement. We serve Southwest Washington (ESD 112, and some districts within ESD 105, ESD 123, Puget Sound ESD 121, ESD 113, and North Central ESD 171). Please indicate the city, and school district you would like to be considered for.

---

Certification of Authenticity:

I certify that all statements in this application are accurate and truthful to the best of my knowledge. I understand that if I am chosen for a TREC Program I agree to an internship and, if offered, up to three years' employment (years vary depending on award amount) in a TREC member district or ESD following my program completion if employment is offered. I understand that false or misleading information given in my application or interview (s) will be sufficient cause for rejection of my application or for my dismissal if employed.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TREC APPLICATION

<i>Personal Information</i>			
Last Name	First	Middle	Date
Address		City	State      Zip Code
Home Phone	Cell Phone	Email Address	
Position Applying For			
Other name(s) under which records may be listed?			

<i>Educational and Professional Training</i>			
Do you currently hold, or have you ever held, licensure as a teacher, administrator, or Educational Staff Assistant (ESA)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, please list state, dates valid, and certificate number. _____			
NAME OF SCHOOL	CITY & STATE	DEGREE(S) Pending/Earned	MAJOR
College or University			
Anticipated Graduation Date/Date Received	Professional License you will earn	Current GPA	At degree completion, how many credits do you anticipate having completed beyond your initial Bachelor's/Master's degree_____

## VERIFICATIONS AND ASSURANCES FORM

Please read and <u>initial</u> each of the following statements in the space provided to verify that you have read and understand the conditions that apply to the TREC Tuition Award.		
1.	I understand, this TREC tuition award requires that I work a minimum of one year with a TREC district or ESD 112 upon program completion and/or licensure.	_____ (Initial)
2.	I understand my award will be allocated through my college/university's financial aid office, and must maintain a "C" grade or above in classes for which the award is received.	_____ (Initial)
3.	I understand that I must repay the entire sum of this award plus interests at 8% (eight percent) if I do not work within the TREC member districts, unless the award is forgiven or payment deferred. Repayment will be monitored by ESD 112.	_____ (Initial)
4.	I understand that I will be allowed six (6) months following completion of my program to begin employment in a TREC district working with students with disabilities before any collection process for repayment will be started by ESD 112.	_____ (Initial)
5.	I understand the repayment may be deferred for the following reasons: Incapacitating illness or disability, Service or active duty in the armed forces of the U.S. or in the commissioned Corps of the Public Health Service, or Exercise of parental leave rights under state and federal laws.	_____ (Initial)
6.	I understand substitute service does <u>not</u> meet the conditions of this award. For recipients earning a certificate, service in a school on other than a regular school district certified personnel contract does not meet the conditions of this award.	_____ (Initial)
7.	I understand that the district in which I am employed will be required to verify my service each year to <b>TREC</b> .	_____ (Initial)
8.	I understand that the district in which I am employed will be required each year to verify to TREC my employment and length of service. ESD 112 is located at 2500 N.E. 65 <sup>th</sup> Avenue, Vancouver, WA 98661.	_____ (Initial)
9.	I am a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am eligible for lawful employment in the US. Proof of citizenship or legal right to work will be required for paid internship).	_____ (Initial)

Please identify two individuals who will know where and how to contact you after program completion.		
Name	Address	State/Zip
Home Phone	Cell Phone	Business/Message Phone
Email	Relationship	How long have you known this person
Name	Address	State/Zip
Home Phone	Cell Phone	Business/Message Phone
Email	Relationship	How long have you known this person
Name: _____		Date: _____
Signature: _____		Date: _____

## CONSENT OF RELEASE FORM

ESD 112 supports 30 public schools and 23 private schools within our region. TREC members include districts within ESD 112, and some districts within ESD 105, ESD 123, Puget Sound ESD 121, North West ESD 189, ESD 113, and North Central ESD 171. Our vision is consistently to support and expand the capacity of districts to service their students' needs in a local, state, national, and global environment.

Occasionally the school districts we support contact us looking for applicants. In order to accommodate these searches, we would appreciate being able to release your application and its supporting document to districts for their consideration of employment.

Please mark the appropriate space below.

	Yes, you have my permission to release my application and supporting documents to school districts within the within ESD 112, ESD 105, ESD 123, Puget Sound ESD 121, North West ESD 189, ESD 113, and North Central ESD 171.
	No, do not release my application to other districts outside of ESD 112.
	Yes, you have my permission to release my application and supporting documents to school districts within ESD _____, ESD _____, except ESD _____, _____.
	Other: _____

Applicant's Name (please print):

\_\_\_\_\_

Last                                      First                                      Middle

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFICATION OF PROGRAM ADMISSION

I verify that \_\_\_\_\_ has been admitted to the \_\_\_\_\_  
(Applicant's Name) (Name of Degree Program)

Degree Program majoring in \_\_\_\_\_  
(Degree, concentration and/certification)

at \_\_\_\_\_  
(Name of Institution/City and State of Location)

This student is a  full time or  part time (check one) student in good standing and is scheduled to complete the program at this institution, including field experiences or internships, no later than \_\_\_\_\_.

Remainder of credits needed to complete program \_\_\_\_\_.

Program Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(Typed or Printed Name)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## UNIVERSITY/COLLEGE PROGRAM ADMINISTRATOR RECOMMENDATION FORM

**To the applicant:** Please check one of the two statements below and sign your name before providing this form to the person you have selected to recommend you.

I understand that this recommendation will be held in confidence and I waive my right to view its contents.  
 I wish to retain my rights to inspect and review the contents of this recommendation.

Printed Applicant Name \_\_\_\_\_ Application Signature \_\_\_\_\_

Date \_\_\_\_\_

**To the Recommender:** The person named above has applied for a Tuition Award through TREC to be used to assist students in school settings. The Tuition Award will be granted in exchange for employment in TREC member districts after graduation. Your candid evaluation of the applicant will greatly aid in the award process.

1. How long, and in what capacity, have you known the applicant?

**Please rate the applicant on the following characteristics (1 = Low; 5 = High). In areas where you may not have enough information to make an adequate judgment, please indicate "N/O" (Not Observed).**

		1	2	3	4	5	N/O
2.	a. Academic ability and mastery of basic skills						
	b. Works collaboratively with others						
	c. Ability to work with students with disabilities						
	d. Effective communication and interaction skills						
	e. Commitment to school service as a career goal						
	f. Fulfills responsibilities conscientiously						
	g. Adapts flexibly to changing circumstances						
	h. Shows intellectual curiosity/zest for learning						

3. Based on your experience with the applicant, how would you describe his or her potential for success as a school educator/specialist?

(You may attach a separate typewritten response if doing so is more convenient for you).

I verify that this applicant is a  full time or  part time (check one) student in good standing in the \_\_\_\_\_ Program and is scheduled to complete the program at this institution, including field experiences or internships, not later than \_\_\_\_\_.

Recommender's Name:	Title	Organization
Address	Phone	Email
Signature: _____		Date: _____

**Please return to:** Marlene Gonzalez via email at [marlene.gonzalez@esd112.org](mailto:marlene.gonzalez@esd112.org) or mail to:  
 Marlene Gonzalez, TREC Program,  
 Student and School Success  
 2500 N.E. 65<sup>th</sup> Avenue  
 Vancouver, WA 98661



## EMPLOYER OR SUPERVISOR RECOMMENDATION

**To the applicant:** Please check one of the two statements below and sign your name before providing this form to the person you have selected to recommend you.

- I understand that this recommendation will be held in confidence and I waive my right to view its contents.  
 I wish to retain my rights to inspect and review the contents of this recommendation.

Printed Applicant Name \_\_\_\_\_ Application Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**To the Recommender:** The person named above has applied for a Tuition Award through TREC to be used to assist students in school settings. The Tuition Award will be granted in exchange for employment in TREC member districts after graduation. Your candid evaluation of the applicant will greatly aid in the award process.

1.	How long, and in what capacity, have you known the applicant?						
<b>Please rate the applicant on the following characteristics (1 = Low; 5 = High). In areas where you may not have enough information to make and adequate judgment, please indicate "N/O" (Not Observed).</b>							
		1	2	3	4	5	N/O
2.	a.	Academic ability and mastery of basic skills					
	b.	Works collaboratively with others					
	c.	Ability to work with students with disabilities					
	d.	Effective communication and interaction skills					
	e.	Commitment to school service as a career goal					
	f.	Fulfills responsibilities conscientiously					
	g.	Adapts flexibly to changing circumstances					
	h.	Shows intellectual curiosity/zest for learning					
3.	Based on your experience with the applicant, how would you describe his or her potential for success as a school educator/specialist?						
(You may attach a separate typewritten response if doing so is more convenient for you).							

I verify that this applicant is/was a  full time or  part time (check one) employee in good standing at \_\_\_\_\_  
 (Organization/department name) and is currently employed or was last employed on \_\_\_\_\_.

Recommender's Name:	Title	Organization
Address	Phone	Email

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:** Marlene Gonzalez via email at [marlene.gonzalez@esd112.org](mailto:marlene.gonzalez@esd112.org) or mail to:  
 Marlene Gonzalez, TREC Program  
 Student and School Success  
 2500 N.E. 65<sup>th</sup> Avenue  
 Vancouver, WA 98661



## PROFESSIONAL RECOMMENDATION FORM

**To the applicant:** Please check one of the two statements below and sign your name before providing this form to the person you have selected to recommend you.

- I understand that this recommendation will be held in confidence and I waive my right to view its contents.  
 I wish to retain my rights to inspect and review the contents of this recommendation.

Printed Applicant Name \_\_\_\_\_ Application Signature \_\_\_\_\_

Date \_\_\_\_\_

**To the Recommender:** The person named above has applied for a Tuition Award through TREC to be used to assist students in school settings. The Tuition Award will be granted in exchange for employment in TREC member districts after graduation. Your candid evaluation of the applicant will greatly aid in the award process.

1. How long, and in what capacity, have you known the applicant?

Please rate the applicant on the following characteristics (1 = Low; 5 = High). In areas where you may not have enough information to make an adequate judgment, please indicate "N/O" (Not Observed).

		1	2	3	4	5	N/O
2.	a. Academic ability and mastery of basic skills						
	b. Works collaboratively with others						
	c. Ability to work with students with disabilities						
	d. Effective communication and interaction skills						
	e. Commitment to school service as a career goal						
	f. Fulfills responsibilities conscientiously						
	g. Adapts flexibly to changing circumstances						
	h. Shows intellectual curiosity/zest for learning						

3. Based on your experience with the applicant, how would you describe his or her potential for success as a school educator/specialist?

(You may attach a separate typewritten response if doing so is more convenient for you).

I verify that this applicant is/was a  full time or  part time (check one) employee in good standing at \_\_\_\_\_ (Organization/department name) and is currently employed or was last employed on \_\_\_\_\_.

Recommender's Name:	Title	Organization
Address	Phone	Email

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:** Marlene Gonzalez via email at [marlene.gonzalez@esd112.org](mailto:marlene.gonzalez@esd112.org) or mail to:  
 Marlene Gonzalez, TREC Program  
 Student and School Success  
 2500 N.E. 65<sup>th</sup> Avenue  
 Vancouver, WA 98661