

# South Dakota

## Critical Teaching Needs Scholarship

### Employment Verification

As a CTNS Recipient, you have agreed to be employed in a critical teaching needs occupation in the State of South Dakota for five years after graduating from a participating postsecondary institution.

<b>Recipient Section - To Be Completed by Recipient:</b>			
Last Name	First Name	MI	Social Security Number
Permanent Street Address (include PO box address if applicable)			Home Area Code/Telephone Number
City	State	Zip Code	Date of Birth (Month/Day/Year)
Driver's License State and Number State #		E-mail Address	

Check the critical need occupation in which you are employed:	
___ Teacher - Elementary or Secondary Special Education	___ Teacher - High School Science
___ Teacher - High School Math	___ Teacher - High School Career & Technical Education
___ Teacher - Secondary Language Arts	___ Teacher - Secondary World Language
Recipient's Signature _____ Date _____	

<b>To Be Completed By the Human Resource Office:</b>			
Recipient's Employment Title			
Date Employment Began / Will Begin		Full Time Position    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Name			
Address			
City	State	Zip Code	Phone Number

My Signature Verifies that this individual is employed at our organization in the field and position indicated above.	
Signature _____	Date _____
Name (Printed) _____	
Title _____	

**PLEASE RETURN THE COMPLETED FORM TO:**  
 South Dakota Board of Regents  
 Critical Teaching Needs Scholarship Program  
 306 East Capitol Ave, Suite 200  
 Pierre, SD 57501

**Recipient Section -- Recent Job Change -- Recipient Previous Employment History (if applicable\*):**

Recipient's Employment Title

Date Employment Began

Date Employment Ended

Full Time Position

Yes

No

Employer Name

Address

City

State

Zip Code

Phone Number

\* If you recently changed employment since the last time you were provided a verification form, please provide the South Dakota Board of Regents your recent previous employment information for verification purposes.

**Recipient Comments (optional)**

**Employer Comments (optional)**

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**Internal Use Only:**

Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date Received: \_\_\_\_\_