*[Date]*

*[Principal or appropriate school official]*  
*[School name]*  
*[School address]*

RE: Grow Your Own Teacher Scholarship program - Petition for release time

To whom it may concern:

This petition is designed to satisfy the requirements set forth by the Grow Your Own Teacher (GYOT) scholarship program. The program requires that I petition my school requesting professional leave for college classes, examination and practice teaching required to complete the college of education’s program of study and become a teacher.

My application to become a GYOT scholarship recipient will be considered by the college of education. In order to be considered for the program I must have been an educational assistant for at least two years, be in good standing with the school, apply for an undergraduate teacher preparation program, petition my school requesting professional leave and submit a Free Application for Federal Student Aid demonstrating Pell eligibility. I can continue to be part of the GYOT scholarship program as long as I remain at least a half time student, achieve satisfactory academic progress, remain in compliance with the GYOT rules and I do not exceed scholarship expenditures of more than $6,000 per year for more than 5 years.

Per the guidance provided by the New Mexico Higher Education Department and the New Mexico Public Education Department, schools may use Title II funds to pay for substitutes required to accommodate participation of educational assistants in the GYOT program.

If you have questions about the scholarship program, please contact the college of education or Carmen Lopez-Wilson, the Deputy Secretary of the Higher Education Department.

Sincerely yours,

*EA Name  
  
EA Title*

*School you are an EA at*

*School District you work in*

**Person completing verification:**

By completing this form and sending it back, you are authorizing the EA’s petition for release time as outlined above.

**Name of EA Submitting Petition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Full Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ worked as an EA for a *minimum of 2 years*? **Yes | No**

Name of EA

Is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in *good standing with the district*? **Yes | No**

Name of EA

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

\*Please fill out, scan, and send back completed document to the University of New Mexico College of Education at [COEAC@UNM.EDU](mailto:COEAC@UNM.EDU) ATTN: GYOT Petition