

The Robert Noyce Science Teacher Scholarship program awards scholarships to Cal Poly, San Luis Obispo juniors and seniors seeking to become K-12 science teachers. A Noyce Scholarship recipient (the student who received the award) is required to provide updated employment and contact information in writing to the school that disbursed the scholarship award (Cal Poly, San Luis Obispo). **WARNING: COMPLETING/SUBMITTING THIS FORM IS A NOYCE SCHOLARSHIP PROGRAM REQUIREMENT. IF YOU DO NOT RETURN THE COMPLETED FORM TO THE COS&M (ADDRESS PROVIDED BELOW) WITHIN 30 DAYS OF THE MAY 15th DUE DATE YOU WILL BE OUT OF COMPLIANCE WITH YOUR NOYCE PROGRAM AND WILL BE REQUIRED TO IMMEDIATELY REPAY THE SCHOLARSHIP FUNDS RECEIVED.**

BORROWER INFORMATION (please print clearly)

Borrower's name (last, first): _____
Borrower's mailing address: _____
Borrower's daytime phone number: _____
Borrower's EMAIL address: _____
Borrower's last 4 digits of Soc. Sec. #: _____

Mail or eMail completed form to:
California Polytechnic State University
COS&M Attn: Erica Garcia, CESAME
San Luis Obispo, CA 93407-0403
egarc150@calpoly.edu
Lending Institution:
California Polytechnic State University
Student Accounts Office
San Luis Obispo, CA 93407

CANCELLATION GUIDELINES (please check off all that apply)

I, the Noyce Scholarship/Stipend recipient, am NOT currently employed as a full-time science teacher. I understand that I have eight (8) years from the date I graduate from my science program for which the funds were awarded to complete my teaching service obligation.

Reason for not teaching at this time: _____

OR

I, the Noyce Scholarship/Stipend recipient, am currently - or have previously - taught in a K-12 school district as a science teacher at least part time. The district where I am, or was, meets one or more of the Noyce teacher cancellation criteria.

BORROWER SIGNATURE

I declare that the information above is true and correct. I further declare that I will notify Cal Poly or ECSI (billing service) immediately upon any change in my status.

Borrower's signature: _____ Date: _____

SCHOOL (EMPLOYER) CERTIFICATION (to be completed by school-designated authorized official)

The district where recipient is teaching meets one or more of the following Noyce teacher cancellation criteria. Check all that apply.

- It has a higher percentage of individuals from families with incomes below the poverty line;
- It has a high percentage of secondary school teachers not teaching in the content area in which the teachers were trained to teach; or
- It has a high teacher turnover rate.

CERTIFICATION PERIOD

Please confirm the start and end dates for the teaching periods. One year's Noyce Scholarship award is forgiven (cancelled) for every two years of teaching service the recipient performs (according to the guidelines of the program).

(1) Current service teaching period Start Date: _____ End Date: _____
(2) Previous service teaching period (if any) Start Date: _____ End Date: _____

School name: _____ School district: _____
School address: _____ School phone: _____
Name of official: _____
Official's signature: _____
Title of official: _____
Signature Date: _____

CAL POLY ADMINISTRATION USE ONLY

Date Reviewed: _____ Date Reviewed: _____
Noyce Scholarship Program Administrator: _____ Student Accounts Office: _____ ECSI Process: _____