

Department of Teaching, Learning, and Foundations
DACC Elementary Education Informational Meeting
January 23, 2019

Name: _____

Preferred E-mail Address: _____

Home Address: _____

Phone (H): _____ Phone (C): _____

Are you currently employed by a school district? Yes No
(This is NOT a requirement)

District name: _____

Position: _____

Highest level of education completed:

Bachelor's degree ____ Associate's Degree ____

Some college ____ High School Grad ____

Are you a career-changer? Yes No

Interested/Willing to work in a rural school? Yes No
(Does not include Danville, Champaign or Urbana)

I would like further information about the Grow Your Own Grant scholarships because I plan
to be employed in a rural school. Yes No

Please select only one of the following statements:

____ I am ready to begin coursework in Fall 2019

____ I may be ready to begin coursework in Fall 2019 based on transcript
review/financial aid review

____ I came tonight just to hear about the program and would like to be included on
updates for the program

____ After the presentation, I don't think I will complete the program

Still have questions? Put them on the back please!

Any questions for which you would like further information/clarification, please list on this side and we will get back in touch with you!