

**FLORIDA FUND FOR MINORITY TEACHERS, INC.  
Minority Teacher Education Scholarship**

**CERTIFICATE OF EMPLOYMENT SERVICES**

To receive credit for employment service, this form must be submitted at the end of each school year as defined in Section 228.041 (16), Florida Statutes. Section II must be completed by the school principal or district superintendent and reflect the number of days the borrower was employed full-time in grades pre-K through 12 as a teacher engaged in classroom instruction.

**NOTE: Failure to submit this form could place the borrower in cash repayment status.**

**SECTION I: (To be completed by the borrower. Please print or type.)**

Employee's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street Address Apt. #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION II: (To be completed by the principal or superintendent.)**

**This is to certify that \_\_\_\_\_ was employed as a full-time teacher or held a 3100 position during the \_\_\_\_ - \_\_\_\_ school year for \_\_\_\_\_ days. (Please note that teachers hired as a substitute or other temporary instructor should not have this section completed).**

Area of Instruction \_\_\_\_\_

Name and Address of the Florida Public School or School District:

\_\_\_\_\_  
\_\_\_\_\_

Name of District/County: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title of Official: \_\_\_\_\_  
(Type or Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_ SCHOOL SEAL OR STAMP  
(Principals, please list any accomplishments or accolades of the above teacher on the following page.)

**RETURN THIS COMPLETED FORM TO  
THE FLORIDA FUND FOR MINORITY TEACHERS, INC.  
G415 NORMAN HALL, P.O. BOX 117045  
GAINESVILLE, FL 32611-7045**

