

**SOUTH CAROLINA TEACHING FELLOWS
NOTICE OF INTENT TO APPLY GRACE YEAR**

(Please Print Or Type)

STUDENT INFORMATION		
Name:	Last 4 Digits of SS#:	
Any Additional Name on Records:		
Street Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Teaching Fellows Institution Attended:		
Date You Entered the Teaching Fellows Program (MM/YYYY):		
Date You Graduated from the Teaching Fellows Program (MM/YYYY):		
GRACE YEAR INFORMATION		
<p>This is my official notification to the SC Teaching Fellows program that I intend to apply my grace year during the _____/_____ academic year. I am aware that my promissory note states that I have five (5) years to complete to complete four (4) years of teaching service. I understand that I am still bound by the terms of my original agreement and am aware that if I do not complete my teaching obligation by means of service as stated in my promissory note, I am obligated to start making monthly payments on the portion of my balance remaining.</p> <p>If you do not wish to apply a full academic year, please list specific dates below:</p>		
Beginning Date (MM/YYYY):	Ending Date (MM/YYYY):	
Any Additional Comments:		
Signature of Teaching Fellow:		Date:
RETURN FORM TO:		
CERRA * Attn: Teaching Fellows Program * Stewart House at Winthrop University * Rock Hill, SC 29733 Phone: 803-323-4032 * Fax: 803-323-2339		