



NEW HAMPSHIRE
CHARITABLE FOUNDATION

Verification and Consent Form

TO BE SIGNED BY THE APPLICANT'S SUPERINTENDENT

I have verified to the best of my ability that this applicant for the Christa McAuliffe Sabbatical Program is a full-time classroom teacher in a public school at present and has completed the past five consecutive years as a full-time classroom teacher in a New Hampshire public school. Further, this teacher is a United States citizen and holds a valid New Hampshire teaching certificate with the appropriate endorsement(s) for his/her current assignment.

If selected for the Christa McAuliffe Sabbatical, this applicant will be granted a leave of absence for the 2018-2019 school year, under financial conditions outlined in the section entitled "Terms of Award." I further agree that this applicant will be able to return to his/her regular teaching assignment for the 2019-2020 school year.

TEACHER NAME _____

SUPERINTENDENT NAME _____

SCHOOL DISTRICT _____

ADDRESS _____

PHONE NUMBER _____

SUPERINTENDENT SIGNATURE _____

DATE _____