



Wisconsin Department of Public Instruction
MASTER EDUCATOR LICENSE BY WMEAP
ANNUAL GRANT APPLICATION
 PI-1679-Annual-WMEAP (Rev. 08-20)

INSTRUCTIONS: Submit completed application by **JUNE 30, 2021**, to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: CHARLENE KOCI, EDUCATION SPECIALIST
TEACHER EDUCATION, PROFESSIONAL DEVELOPMENT
AND LICENSING
PO BOX 7841
MADISON, WI 53707-7841

For information regarding **Wisconsin Teacher License renewal and/or Master Educator License**, contact Charlene Koci at 608-267-9215 or charlene.koci@dpi.wi.gov

Additional information available at: <https://dpi.wi.gov/tepd/programs/wmeap-reimbursement-grant>

GENERAL INFORMATION			
Applicant Name <i>First, Middle, Last</i>	Previous Name	DPI Educator Entity Number	
Mailing Address <input type="checkbox"/> <i>Check if address is different than previously reported.</i>		Date of Birth <i>Mo./Day/Yr.</i>	
City	State	ZIP	
E-Mail Address	Phone <i>Area/No.</i>		
		Work	Home
School District Name	School Name(s)		

ANNUAL GRANT ELIGIBILITY CRITERIA

I CERTIFY that I meet all the following criteria for issuance of an **Annual WMEAP Grant**. I have attached appropriate documentation.

- 1. Licensed as a Master Educator by the state superintendent through the Wisconsin Master Educator Assessment Process (**WMEAP**) (**No** required documentation).
- 2. Employed as a teacher in Wisconsin as documented on the attached **Employment Verification form PI-1678**.
- 3. Previously received from the Wisconsin Department of Public Instruction the **Master Educator License by WMEAP Initial Reimbursement Grant**. (**No** required documentation.)
- 4. *If applicable only:* Employed as a teacher in a school identified by the Wisconsin Department of Public Instruction during the 2020-21 school year in which at least 60 percent of the pupils enrolled satisfy the income eligibility criteria for a reduced-price lunch under 42 USC 1758(b)(1).
- 5. *If applicable only:* Provided documentation regarding my effective or highly effective status in the Educator Effectiveness system on the **attached Employment Verification form PI-1678**.

I FURTHER CERTIFY that all information on this form and accompanying documents is true and correct. I understand that any false statements will result in denial of grant payments.

I REQUEST *Check one:*

- The WMEAP Annual Grant of \$2,500, s.115.42(2)(a) Wis. Stats.
- The WMEAP Annual Grant of \$5,000, s.115.42(2)(a) Wis. Stats., because I am employed in a school identified by the Wisconsin Department of Public Instruction during the 2020-21 school year in which at least 60 percent of the pupils enrolled satisfy the income eligibility criteria for a reduced-price lunch under 42 USC 1758(b)(1).

Applicant Signature <i>Must be original—in blue ink, not a copy</i>	Date Signed <i>Mo./Day/Yr.</i>
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FOR DPI USE

<input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved	Grant Amount	<i>If Disapproved, Reason for Disapproval</i>
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Signature of DPI Official Responsible for Verification	Date Signed <i>Mo./Day/Yr.</i>
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