

# LYON COUNTY SCHOOL DISTRICT

## *GROW YOUR OWN SCHOLARSHIP* FOR CLASSIFIED AND SUBSTITUTE CANDIDATE APPLICATION

The Grow Your Own Scholarship Program is designed to assist Lyon County School District (LCSD) classified and substitute teacher employees with tuition assistance while they are obtaining a teaching credential. Recipients awarded this scholarship must be committed to **completing their program needed for a teaching license within two (2) years or less** and accepting, if offered, employment as a teacher with Lyon County School District.

To qualify for the Grow Your Own Scholarship you must be able to meet all eligibility requirements.

### ELIGIBILITY REQUIREMENTS

To be eligible to participate in the program the candidate must:

1. Be a current LCSD employee **and** have worked for the District for a minimum of twelve (12) months. Substitute teachers must have worked at least 90 days during the past year.
2. Complete the GYO Scholarship Program application and adhere to the application deadlines indicated on the application.
3. Applications include a résumé, official transcripts, and three (3) GYO reference forms completed by a current supervisor, other professional (e.g. teacher), and parent/student. No personal friends or relatives can be accepted as professional references.
4. Apply to or be a current student in an accredited college/university teacher licensure education program. Confirmation of acceptance or enrollment from the college/university must be submitted. or the applicant is a credentialed teacher from another country.
5. Complete three essay responses. Candidate's responses should include items such as exceptional personal talents, unique work or service experience, leadership potential, a history of overcoming adversity, perseverance, communication ability, linguistic abilities, and explain GYO and how the applicant plans to address it in our diverse school district. Responses for each question should be no more than 500 words in a twelve (12) font size with one (1) inch left, right, top, and bottom.

### PROGRAM REQUIREMENTS

Those who are accepted into the GYO scholarship program must agree to abide by all the requirements of the scholarship program, including but not limited to:

- a. Complete a teacher education degree within two years or less.
- b. Complete a minimum of six (6) semester hours during both the Spring and Fall semesters. WGU students must adhere to the GYO action plan once signed.
- c. Participate in all program activities and communications with the understanding that scholarship funds may be withheld for non-participation.

- d. Maintain a 3.00 overall each semester and a 3.00 cumulative GPA.
- e. Submit copies of classes taken and grades received after passing each class.
- f. Take all the required coursework to be certified in his/her field of licensure.
- g. Teach for the district for a minimum of three (3) years after receiving licensure if offered a position.
- h. Repay all costs to the District if education is not completed and/or three (3) years of fully licensed teaching is not completed.
- i. Understand that the participant is ineligible for \$50 reimbursement for coursework taken while under the GYO contract (in the LCCSEA negotiated agreement).
- j. Develop and sign the course of action plan that is agreed upon by the participant and the scholarship committee, the plan will outline how the participant plans to complete their degree within the two-year or less timeframe.
- k. The participant will have any foreign transcripts translated course-by-course with American equivalencies by a Nevada Department of Education (NDE) approved provider. The cost for translation is the responsibility of the participant but will be reimbursed if accepted for the scholarship.

**GROW YOUR OWN SCHOLARSHIP  
CANDIDATE APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Current Position and Site Location in LCSD: \_\_\_\_\_

Have you applied for admission for the upcoming semester?  Yes  No

If no, please explain: \_\_\_\_\_

How many credits do you currently have? \_\_\_\_\_

What is your overall cumulative GPA? \_\_\_\_\_ . Please include transcripts.

Are you a Veteran or a Spouse of a Veteran?  Veteran  Spouse of Veteran

Please select from the options below, which areas you are interested in teaching in the program.

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Elementary (Grades K-8) | <input type="checkbox"/> Secondary | <input type="checkbox"/> English Language Learners |
| <input type="checkbox"/> Special Education       | <input type="checkbox"/> ELA       | <input type="checkbox"/> Early Childhood           |
| <input type="radio"/> Generalist                 | <input type="checkbox"/> Math      | <input type="checkbox"/> Counseling                |
| <input type="radio"/> Autism                     | <input type="checkbox"/> Science   | <input type="checkbox"/> Speech                    |
| <input type="radio"/> Behavior Analyst           | <input type="checkbox"/> Other     |  |

**Application Questions Continued:**

If Other Please Explain \_\_\_\_\_

Are you receiving tuition funding from any other source(s)? \_\_\_\_\_ If yes what source(s)? \_\_\_\_\_

What is your program's projected completion date? \_\_\_\_\_

**ESSAYS**

**Your response should be no more than 500 words, in a 12 font size, double spaced, with 1” side margins, top and bottom. Please attach your response to this application.**

1. Please explain why you should be considered for the Grow Your Own Scholarship. Please be specific in discussing your financial need or restrictions.
2. Please state which subject area and school you are interested in, please focus on the reasons for selecting the subject area and/or school type.
3. How would you contribute to supporting the achievement of all students? What specific strengths will you bring to helping LCSD close the achievement gap for all students?

**I DECLARE THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS ACCURATE AND TRUE. I UNDERSTAND THAT BY SIGNING BELOW, I AGREE TO THE GYO SCHOLARSHIP REQUIREMENTS. IF I AM SELECTED FOR A TEACHING POSITION, I AGREE TO TEACH FOR LCSD FOR THREE (3) YEARS.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please note: Incomplete applications cannot be processed. Please return your application to the email address below or need assistance with this application process, please contact:**

Terri Gahr  
Secretary Aide  
Lyon County School District  
[tgahr@lyoncsd.org](mailto:tgahr@lyoncsd.org)  
775-463-6800 ext. 10404

**APPLICATIONS ARE DUE BY MIDNIGHT ON April 26, 2026.  
LATE APPLICATIONS WILL NOT BE ACCEPTED.**