

Health Care Provider Adjunct Professor Incentive Grant Program

In order to receive this \$20,000 incentive grant, applicants **must be a newly hired Connecticut licensed health care provider who accepts a position as an adjunct professor at a Connecticut public institution of higher education.** Applicants also must have taught a healthcare related course(s) for not less than one academic year. Each eligible grant recipient who receives a grant shall be eligible for an additional grant of \$20,000 if they remain in their teaching position for not less than two academic years. **To apply, applicants must first create an online account on our CT Scholars Portal at <https://ctsolars.guarantorsolutions.com/studentportal/> to create the online application.** Section A is to be completed by the Applicant. Section B is to be completed by a Dean (or appropriate official) at the participating college or university. Please return to the CT Scholars portal, login to your account, and use the document upload feature to submit your completed application to the Connecticut Office of Higher Education by

Section A — To be completed by Applicant

Name of Applicant (Last, First, MI) _____

Telephone _____ Email _____

Permanent Mailing Address _____

Healthcare Medical License Number _____ Expiration Date Mo. _____ Yr. _____

Name of Connecticut college/university at which you taught most hours during the 2024-25 academic year.

_____ Date of Hire _____

Name of course you taught the most hours in during the 2024-25 academic year.

Number of hours taught in the course indicated above. Fall 2024 _____ Spring 2025 _____

Total number of hours taught for the 2024-25 academic year across all courses and institutions _____

I intend to teach at a Connecticut public college or university and attest that all information provided above is true and accurate. I also understand that any award granted under this program may be considered taxable income.

Applicant Signature _____ Date _____

Section B — To be completed by Dean (or appropriate college official)

I attest that this applicant taught the class indicated above during 2024-25* and to the best of my knowledge, the information contained in Section A is correct.

Dean of Education or Designee/Title (Please print) (Signature) (Date)

College Name _____ College Official's Telephone _____

College Official's Email _____

* The period of the term of the academic year is from July 1 through June 30.