

Application for Teacher Tuition Assistance or Praxis Reimbursement

Section 1: To be completed by applicant (Print or Type)

Semester: _____ Name of Regionally Accredited College/University: _____

Office Use Only

_____ Title II
 _____ Special Education

Name: _____
 Last First Middle/Maiden Social Security Number

Home Address _____ () _____
 Home Telephone Number

City, State and Zip Code _____ () _____
 School Telephone Number

Teacher Certification Type and Number _____ Area(s) of Certification _____ School Assignment _____

Position _____ Area(s) of Certification _____ Subject(s)/Grade(s) you are currently teaching _____

Check each one(s) that apply to the applicant/participant:

A. Seeking Certification under ESSA in area of current teaching assignment.

_____ 1. PL

_____ 2. OFAT

_____ 3. TAT(Reimburse passing Praxis score only)

These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in library science or guidance counseling; and/or (c) for advanced degrees. Reimbursement is unavailable for books or other school fees. One time reimbursement is available for Praxis test with passing score. Maximum of 9 hours per semester may be reimbursed. Reimbursement schedule as funds are available: \$500 for 3 hours; \$900 for 6 hours; \$1,300 for 9 hours; 60% (not to exceed \$2,700) for fast track program (iTeach, LC or LRCE). Please refer to the "Tuition Assistance Information" form for deadlines.

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Department	Course #	Course Title	Approved / Denied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CPSB Supervisor must Initial/Date review

Section II: (Please read the statement below carefully before signing)

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me or to the university on my behalf by my employing agency and that I will be responsible for payment. I must also pass the course with a GPA of a C or higher in order to receive tuition reimbursement. **Tuition will be reimbursed as funds are available.** Reimbursement pending other funding sources.

Are you receiving money or reimbursement from any other grants and/or funding sources ___ Yes ___ No

If yes, list: _____

Applicant's Signature _____ Date _____ Principal's Signature _____ Date _____

Agency Superintendent/Administrator Signature _____ Date _____