

# APPLICATION FOR TEACHER/PARA/STAFF TUITION ASSISTANCE

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

\_\_\_\_\_ Semester \_\_\_\_\_ Year Name of college/university: \_\_\_\_\_

Name: \_\_\_\_\_  
                     Last                                      First                                      Middle/Maiden                                      Social Security Number

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Address                                      Home Telephone Number

\_\_\_\_\_ ( ) \_\_\_\_\_  
 City, State and Zip Code                                      School Telephone Number

\_\_\_\_\_ School Assignment  
 Teacher Certification Type and                                      Area(s) of Certification

\_\_\_\_\_ Subject(s)/Grade(s) you are teaching  
 Position                                      Area(s) of Certification

**Check one of the following under Participant and Course Category**

**Participant Category**

- \_\_\_\_\_ A. Seeking Standard Certification
- \_\_\_\_\_ B. Alternative Certification Program participant
- \_\_\_\_\_ C. Seeking School/Teacher Leader
- D. Dual Enrollment

**Course Category**

- \_\_\_\_\_ A. Required for Certification
- \_\_\_\_\_ B. Teacher/School Leader
- \_\_\_\_\_ C. School Improvement Control
- \_\_\_\_\_ D. Seeking Degree

**Only courses within the domain of "Education" will be eligible for tuition assistance.**

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

<u>Department</u>	<u>Course #</u>	<u>Course Title</u>	<u>Approved / Denied</u>
_____	_____	_____	_____
_____	_____	_____	_____

LEA Adm. must Initial/Date review

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

To be eligible for reimbursement final grade must be submitted to Human Resources no later than 10 days following the end of approve course(s). I understand that if I drop, withdraw, or fail to complete a credit course, or if my final grade is lower than a "C", that I will not be entitled to reimbursement by UVA. I also understand that I am expected to remain employed by UVA for at least 1 (one) year following the end of the course unless UVA deems it necessary to end my employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Superintendent for Human Resources and Staff Development \_\_\_\_\_ Date \_\_\_\_\_

Approval Amount \$ \_\_\_\_\_