

# APPLICATION FOR TEACHER/PARA 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

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

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

**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

**Course Category**

- \_\_\_\_\_ A. Required for Certification
- \_\_\_\_\_ B. Teacher/School Leader
- \_\_\_\_\_ C. School Improvement

*Only courses meeting relevant criteria for specific needs of the participant and the school will be approved for funds.*

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

Department	Course #	Course Title	Approved / Denied
			LEA Adm. must Initial/Date review
_____	_____	_____	_____
_____	_____	_____	_____

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

All grades and receipts must be turned in no later than 10 days after the end of the semester. 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.

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

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

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