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 Add	ress		Home Telephone Number	r	
City, State and Zip Code			()	() School Telephone Number	
City, State	and Zip Code		School Telephone Numbe	:1	
Teacher Certification Type and Area(s) of Certiflumber			Certification Sch	fication School Assignment	
Position		of Certification Subject(s))/Grade(s) you are teaching	Category	
	nt Category	-	Course Category		
A. Seeking Standard Certification			A. Required for C	A. Required for Certification	
B. Alternative Certification Program participant			B. Teacher/Scho	B. Teacher/School Leader	
C. Seeking School/Teacher Leader			C. School Improv	C. School Improvement Control	
D. Dual Enrollment			D. Seeking Degre	D. Seeking Degree	
Courses	<u> </u>		ducation" will be eligible for tuit ourse Title must be provided by th		
Department Course #		Course Title	Approved / Denied LEA Adm. must Initial/Date review		
To be eligi course. I u entitled to	ble for reimbursement inderstand that if I dro reimbursement by UVA	pp, withdraw, or fail to comple . I also understand that I am ex	d to Human Resources no later than te a credit course, or if my final gra	10 days following the end of approved de is lower than a "C", that I will not be or at least 1 (one) year following the end of ched.	
Applicant'	s Signature	Date	Principal/Supervisor Sig	nature Date	
Associate	Superintendent for	Human Resources and Stat	ff Development	Date	
Approva	I Amount \$				