Form NP-D

FEDERAL PROGRAMS TITLE II

Application for Non-Public School Teacher Tuition or Praxis Assistance

Semester	Year			
(Name of Regionally Accredited College/U				ersity)
Name:				
Last	First	Middle/Maiden	Social Sec	urity No.
Home Address		Home Te	lephone Number	
City, State and Zip C	ode	School Assignment	Specific Job Assignment	
* Only teacher education	on degree prograi	or special education core coms are allowable for reimbuthe applicant/participant:		
B. Tea	•	under ESSA in area of curreward certification in their cuication.	0 0	
Reimbursement i <u>s not all</u> schedule <u>as funds are av</u> program (iTeach, LC or of 100% as <u>funds are ave</u>	lowable for books of ailable: \$500 for 3 LRCE) Please sub ailable: copy of par	or other fees. Maximum of 9 3 hours; \$900 for 6 hours; \$1, mit proof of final grade and p id receipt and a copy of passin	ibrary science; and/or (c) for advance hours per semester may be reimburs 300 for 9 hours; 60% (not to exceed anyment receipt for reimbursement. By score. The provided by the applicant.	ed. Reimbursement \$2,700) for fast track
Department	Course #	Course Title	Approved/Denied	
<u> </u>			LEA Adm. Must Initial/Date F	Review
		<u> </u>		
I understand that if I drop tuition will be remitted to	o, withdraw, or fail o me. I give permis	ssion for all concerned in the in	ecessfully for which tuition assistance applementation of the Federal Funds F. Reimbursement pending other fund	rogram to release
•	•	nent from any other grants a	nd/or funding sourcesYes!	No
Applicant's Signature	2	Date N	P Principal's Signature	Date
Federal Programs Dir	rector Signature		Date	

Email Request for Expenditure, application and prescription to: federalprogramsrosteet@cpsb.org