

# TUITION ASSISTANCE INFORMATION

**PLEASE NOTE: Only teachers are eligible to apply for tuition assistance.**

**Priority will be given to the following:**

1. Teachers working to attain “Certification” in their current teaching assignment which is required by the Louisiana Department of Education. ***Reimbursement will be made according to availability of funds; funds are limited.***
2. ***Funds are on a first come first serve basis per semester and will be based on date official transcripts are received in the Federal Department (Priority given to teachers of core academic subjects) or Special Services Department.***

## **STEP ONE:**

**Applications will be accepted on the following dates for each semester of the current school year:**

<u>Summer</u>	Last working day in June
<u>Fall</u>	Last working day in September
<u>Spring</u>	Last working day in February

Application along with all **attachments** should be submitted to ***Courtney Leonard*** in the Federal Department located at 3310 Broad Street, Lake Charles, LA 70615, phone number (337)217-4170 ext 2411 or Mr. Ronnie Harvey in Special Services Department located at 1616 Mill Street, Lake Charles, LA 70601, phone number (337) 217-4980 ext 2706.

**Attachments** are as follows:

- Copy of Teaching Certificate
- Prescription (courses required to complete field of study) signed by the department head or advisor at the university attended.

## **STEP TWO:**

**At completion of the semester:**

- **Official transcript** from the university must be received by the Federal Department or Special Services. If mailed, transcript must be sent to the attention of Courtney Leonard or Mr. Ronnie Harvey.
- No photo copies will be accepted
- Paid Fee Bill (**Bill must have both student’s name, name of University, indicate amount paid and type of payment**)
- Electronic copies are accepted only if e-mailed directly from the university.

**Deadline dates for Official transcripts and paid fee bills are:**

<u>Summer Semester:</u>	Last working day in August
<u>Fall Semester:</u>	Last working day in January
<u>Spring Semester:</u>	June 20

- **Note: It is the applicant’s responsibility to make sure the Federal Department or Special Services Department has received all required documents by the deadline dates in order to receive tuition reimbursement.**

# 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 \_\_\_\_\_