



TUITION ASSISTANCE APPLICATION

Tuition Assistance

Andover Public Schools desires to encourage staff members to consider professional growth in areas which would improve their effectiveness in the classroom or address critical staffing shortages. Employees participating in the tuition assistance program will be expected to obtain an additional endorsement, degree or other program qualification in an area designated by the district administration and AEA leadership as critical need areas.

General terms and conditions:

- (1) The employee must be in an approved degree program or in an approved teaching area endorsement program which addresses critical need areas as identified within the district.
- (2) Employees must have completed two years of licensed employment in the Andover district and have a contract with the district at the time credit was earned and at the time reimbursement is to be paid.
- (3) All tuition requests must be approved in advance of the classes being taken and will be approved by the Tuition Assistance Committee, consisting of the President of the AEA, Vice-President of AEA, the Superintendent, and the Assistant Superintendent for Human Resources.
- (4) Tuition request correspondence will be done by the Assistant Superintendent for Human Resources.
- (5) Classes must be taken through approved accredited institutions of higher education.
- (6) Individuals may apply for a maximum of \$1,500 reimbursement per school year, August 1 through July 31. A maximum of six hours per semester will be approved per employee.
- (7) The district will reimburse the employee for ½ of the tuition rate of each credit hour as charged by Wichita State University. This reimbursement will not cover fees, books, and/or other related expenses.
- (8) Reimbursement will only be awarded for grades of “C” or better for undergraduate courses or “B” or better for graduate level courses.
- (9) Reimbursements will be made three times per year upon receipt of payment and verification of passing grades as previously stipulated.
- (10) If the employee does not renew his/her employment contract for the subsequent year after reimbursement is made, the reimbursed amount of the tuition for the current year will be deducted from the employee’s final salary check.
- (11) Hours taken under this agreement may be submitted for potential movement on the salary scale as specified in the Negotiated Agreement.

Application Deadlines:

Fall Semester:	August 23, 2024
Spring Semester:	December 6, 2024
Summer Session:	May 9, 2025



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All information is required to process the application. Applications missing required information will be returned to the applicant.

EMPLOYEE INFORMATION

Name:	School:	Teaching Area:	Date of Hire:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Current Position:	Certified Areas:		Current Degrees Achieved:		
Work Phone:	Home Phone:	Have you applied previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, is this your first application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL INFORMATION

Name of School:	Are you working towards a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of degree:	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other (list)
	Title of Degree Program:	Estimated total hours:	Undergraduate:	Graduate:	
Additional Certification (s) to be obtained:				Projected Date of Completion:	
Will you receive educational assistance from any government or private source for the courses listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please list source and amount:		Source: Amount:	
(Separate applications must be submitted for each semester as indicated below)					
<input type="checkbox"/> Spring: (Classes that start in Jan, Feb, Mar or Apr)	<input type="checkbox"/> Summer: (Classes that start in May, June or July)	<input type="checkbox"/> Fall: (Classes that start in Aug, Sept, Oct, Nov or Dec)			

Course No: (Example: MATH 101)	Course Title	Number of Credit Hours	Course Dates (Month, Day, Year)		Tuition Amount
			Start	End	

I hereby certify that the above information is complete and accurate and that I am required to meet all provisions of the Tuition Assistance Program. Reimbursements for courses approved on this application will only be issued up to the dollar amounts established. **I understand that I will not qualify for reimbursement in the event of termination prior to the completion of the courses.**

Applicant's Signature:		Date:
Supervisor's Approval: <b style="color: red;">(Supervisors: Please return application to employee)	Please Print:	
	Please Sign:	Date:

Employees: After supervisor's approval, please return to Human Resources – District Office - Tuition Assistance
Please do not write below. This section is for the Tuition Assistance Office only.

Comments of Tuition Aid office:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	HR/Tuition Aid Committee Chair:	Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Assistant Superintendent:	Date: