

Federal Programs Professional Development Application for Teacher Tuition Assistance School Year 2009-2010

TO BE USED BY TEACHERS ONLY

Section 1: To be completed by applicant (Print or Type)

Semester _____ Year _____ Name of Regionally Accredited College/University: _____

Name: _____ xxx-xx-_____
 Last First Middle/Maiden Last 4 Digits 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 one of the following under Participant and Course Category:

- _____ A. Seeking Initial Certification (OFAT)
- _____ B. Seeking Highly-Qualified under NCLB
- _____ C. Alternative Certification Program participant
- _____ D. Certification in a Shortage Area _____
- _____ E. Relicensure
- _____ F. Educational Leadership
- _____ G. Other _____

Only courses meeting the appropriate participant categories listed above may be approved for these funds.

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

Department	Course #	Course Title	Approved / Denied Initial, date, and amount
_____	_____	_____	_____
_____	_____	_____	_____

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 (Grade of A or B) 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 give permission for all concerned in the implementation of the Federal Programs Professional Development Department to release information as required. I understand that if I receive another grant for tuition, I will be required to repay St. Tammany Parish School Board for this assistance. If I cannot pay at the time of request, I give permission to St. Tammany Parish School Board to withhold the full amount of the assistance payment for the course(s) from my next payroll check.

Applicant's Signature _____ Date _____ Principal's Signature _____ Date _____

Supervisor's Signature _____ Date _____