

**Federal Programs Professional Development
Application for Paraprofessional Tuition Assistance
School Year 2022-2023**

TO BE USED BY PARAPROFESSIONALS ONLY

Semester _____ Year _____ Name of Louisiana State-Approved University _____

Name: _____
Last First Middle/Maiden Munis ID Number

Home Address _____ Telephone Number _____

City, State and Zip Code _____ Student ID Number _____

Current School Assignment _____ Position _____

Certification Area to be obtained through the completion of the courses listed below

Courses Requested:

Department	Course #	Course Title	Approved Amount
_____	_____	_____	_____
_____	_____	_____	_____

To change a course after you have received approval, you must submit a Request for Course Change Form and receive approval for the request.

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. The employee will be responsible for reimbursing St. Tammany Parish School Board for tuition paid to a university that is then refunded to the employee. 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 _____

Assistant Superintendent _____ Date _____ Director of Program _____ Date _____