**APPLICATION FOR TEACHER TUITION ASSISTANCE/TUITION REIMBURSEMENT**

Please check one:  **Teacher Tuition Assistance** or  **Teacher Tuition Reimbursement**

**Section I. To be completed by applicant (Please type or print in blue ink)**

**Semester (Fall, Spring, Other):** **Year:** **Name of Accredited College/University:**

**Last Name:** **First Name:** **Maiden Name:**

**Address:**

**Employee I.D. #:** **Full Social Security #:** **School Assigned:**

**Home Phone # (Include Area Code):** **Cellular Phone # (Include Area Code):**

**Targeted Area(s) of Certification Being Sought:**

**Current Certificate Type and #:** **Current Job Title/Position:**

**Current Teaching Assignment (Course and Grade Level):**

**Current Area(s) of Certification:**

|  |  |
| --- | --- |
| **Course Information**  *e.g. EDCI 441- Methods of Teaching Kindergarten* | |
| **To be completed by the participant:** | **To be completed by the Office of Human Resources:** |
| **Course Department, Title and Number:** | **Approved or Denied by:** |
| **Course Department, Title and Number:** | **Approved or Denied by:** |

**Section II: (Please read the statement below carefully before signing and dating in blue ink.)**

I understand that if I drop, withdraw, or fail to complete a course successfully (Grade A, B or C) for which Tuition Exemption has been granted, or if I omit pre-approval including change of course originally submitted as part of the tuition assistance /reimbursement application, no tuition will be remitted to me or to the university on my behalf by my employing agency, therefore, I will be responsible for payment. **The funds must be available for reimbursement/assistance at the close of each semester indicated on the application. Otherwise, only a portion of the indicated “pure” tuition will be recognized for payment.** I give permission for all parties involved in the implementation of assistance/reimbursement process to release information as required. I have read the procedures for assistance/or reimbursement and agree. I will maintain a signed copy for my records.

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**Signature of Applicant Date Signed** **Signature of Principal or Assistant Principal Date Signed**

**(Print Name above Signature) (Print Name above Signature)**

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**Signature of Human Resources Representative Date Signed Signature of Coordinator of Title I Date Signed**

**(Print Name above Signature) (Print Name above Signature)**

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**Signature of Administrative Director of Federal Programs Date Signed**

**(Print Name above Signature)**

*The East Baton Rouge Parish School System and all of its entities (including Career and Technical Education Programs) does not discriminate on the basis of age, race, religion, national origin, disability or gender in its educational programs and activities (including employment and application for employment), and it is prohibited from discriminating on the basis of gender by Title IX (20 USC 168) and on the basis of disability by Section 504 (42 USC 794). The Title IX Coordinator is Andrew Davis, Director of Risk Management (Adavis6@ebrschools.org), - phone (225)929-8705. The Section 504 Coordinator is Elizabeth Taylor Chapman, Director of Exceptional Services (Etaylor@ebrschools.org) – phone (225)929-8600.*