WBR PARISH SCHOOL SYSTEM
APPLICATION FOR TEACHER TUITION ASSISTANCE
SCHOOL YEAR 2010-2011

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

_____ Semester _____ Year Name of college/university: _____

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 teaching

Check one of the following under Participant and Course Category

Participant Category

_____ A. Seeking Standard Certification
_____ B. Seeking Highly-Qualified under NCLB
_____ C. Alternative Certification Program participant
_____ D. Seeking School/Teacher Leader

Course Category

_____ A. Required for Certification
_____ B. Required for Highly-Qualified for NCLB
_____ C. Teacher/School Leader
_____ D. School Improvement Control

Only courses meeting the participant and course categories may be approved for funds. These funds may not be used specifically for coursework needed for advanced degrees and/or certification.

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

Department	Course #	Course Title	Approved / Denied LEA Adm. must Initial/Date review	

Section II: (Please read the statement below carefully before signing)

All grades and receipts must be turned in no later than 10 days after the end of the semester. 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.

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

_____
Agency Superintendent/Administrator Signature Date

Approval Amount $_____