

**APPLICATION FOR TUITION ASSISTANCE FOR
EARLY CHILDHOOD SPECIAL EDUCATION TEACHERS**

This application must be submitted to the Department of Education *immediately* following enrollment in a course. No applications for course tuition will be considered after the last day on which a course meets. Written notification of the status of the application will be sent to the applicant and the local school division following approval. Applicants should follow up with their local school division if they do not receive notification of tuition approval from the Department within 30 days of submission.

Upon successful completion of the course, the superintendent or superintendent's designee submits a copy of the applicant's grade report indicating a coursework grade of "B" or better and documentation of payment for each course; please assure that the name of the applicant appears on each of these.

The reimbursement check will be mailed directly to the teacher. A copy of that correspondence will be sent to the school division.

NAME _____ S.S.# _____

HOME ADDRESS _____

_____ ZIP CODE

TELEPHONE NUMBER () _____ WORK () _____ HOME

WHAT TEACHING ENDORSEMENTS DO YOU CURRENTLY HOLD?

ARE YOU A FULL-TIME EARLY CHILDHOOD SPECIAL EDUCATION TEACHER?
_____ YES. _____ NO. IF NO, PLEASE EXPLAIN: _____ OR

ARE YOU A SPEECH/LANGUAGE PATHOLOGIST WHOSE CASELOAD IS COMPOSED OF AT LEAST 50% PRESCHOOLERS WITH DISABILITIES? _____ YES. _____ NO. IF NO, PLEASE EXPLAIN: _____ OR

ARE YOU A PARA-PROFESSIONAL EMPLOYED FULL-TIME IN AN EARLY CHILDHOOD SPECIAL EDUCATION PROGRAM? _____ YES. _____ NO. IF NO, PLEASE EXPLAIN: _____

IS THIS COURSE FOR EARLY CHILDHOOD SPECIAL EDUCATION ENDORSEMENT?
_____ YES _____ NO. IF YES, WHAT OTHER COURSES DO YOU NEED: _____

2001-2002

COURSE NUMBER	TITLE OF COURSE	COURSE TERM (FALL, SPRING, SUMMER)
NAME OF COLLEGE/UNIVERSITY		

2001-2002

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SCHOOL DIVISION APPROVAL

Division Superintendent must certify the employment of the applicant, and that at least 50% of the caseload of a speech or language related service personnel applicant is composed of preschoolers with disabilities.	
_____ Signature of Division Superintendent	
_____ Date	_____ School Division

In order for an applicant to be eligible to receive this tuition assistance, the local school division must submit the completed application to the Department of Education **immediately** after the person's enrollment in the course.

Return to: Ms. Ossie M. Lawrence, Program Support Technician, Office of Special Education, Department of Education, P.O. Box 2120, Richmond VA 23218-2120

DEPARTMENT OF EDUCATION APPROVAL

_____ D.O.E. Specialist in ECSE	
_____ Date	

D.O.E. USE ONLY:

Date application received: _____(postmark)
 Notification of approval sent: _____(date)
 Date grade and payment documentation received: _____
 Date request for payment forwarded to finance: _____