

APPLICATION FOR TUITION ASSISTANCE FOR
SPECIAL EDUCATION TEACHERS, SPEECH-LANGUAGE PATHOLOGISTS, AND
PARAPROFESSIONALS

This application must be submitted to the Department of Education immediately after 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.

After successful completion of the coursework, your superintendent or his/her designee should submit a cover memo with the following documentation: a copy of the teacher's grade report highlighting a grade of "B" or better on graduate level coursework and documentation of "out of pocket" payment for each course to the Department of Education's Division of Teacher Education and Licensure. The name of the teacher must appear on each of the documents.

The reimbursement check will be mailed directly to the teacher.

NAME _____ S.S.# _____

HOME ADDRESS _____

_____ ZIP CODE _____

PHONE NUMBERS: Work () _____ Home () _____

EMAIL ADDRESS: _____

WHAT TEACHING LICENSE DO YOU CURRENTLY HOLD?

- | | |
|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> CONDITIONAL | <input type="checkbox"/> PROVISIONAL |
| <input type="checkbox"/> COLLEGIATE PROFESSIONAL | <input type="checkbox"/> POSTGRADUATE PROFESSIONAL |

WHAT ENDORSEMENT (TEACHING) AREAS ARE LISTED ON YOUR LICENSE?

ARE YOU A FULL-TIME SPECIAL EDUCATION TEACHER TEACHING STUDENTS
AGES 5 - 21 YEARS OLD? YES NO

IF NO, PLEASE EXPLAIN: _____

ARE YOU A FULL-TIME PARAPROFESSIONAL EMPLOYED IN A SPECIAL EDUCATION
PROGRAM FOR SCHOOL AGE CHILDREN? YES NO

IF NO, PLEASE EXPLAIN: _____

COURSE INFORMATION

COURSE NUMBER	TITLE OF COURSE #1	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		

COURSE NUMBER	TITLE OF COURSE #2	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		

COURSE NUMBER	TITLE OF COURSE #3	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		

DO THESE COURSES LEAD TO SPECIAL EDUCATION ENDORSEMENT? YES NO
IF YES, WHAT OTHER COURSES DO YOU NEED: _____

SCHOOL DIVISION CERTIFICATION

Division Superintendent must certify the employment of the applicant.

Signature of Division Superintendent

Date

School Division

Return to: Dr. Patricia D. Burgess
Division of Teacher Education and Licensure
Virginia Department of Education
P. O. Box 2120, Richmond, VA 23218-2120
Phone (804) 225-2096 Fax (804) 786-6759

DEPARTMENT OF EDUCATION APPROVAL

Department of Education Specialist

Date

DOE USE ONLY:

Date application received: _____ (postmark)

Notification of approval sent: _____ (date)

Date grade and payment documentation received: _____

Date request for payment forwarded to finance: _____