

2005-2006 APPLICATION FOR TUITION ASSISTANCE FOR  
EARLY CHILDHOOD SPECIAL EDUCATORS, SPEECH-LANGUAGE PATHOLOGISTS,  
AND PARAPROFESSIONALS

This application must be submitted to the Department of Education immediately after enrollment in a course. You must reapply for each semester. **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 special education administrator following approval. Applicants should follow up with their local school division if they do not receive notification of tuition approval from the Department within 15 days of submission.

After successful completion of the coursework, your division superintendent, human resource director, or special education administrator should submit a cover memo on letterhead with the following documentation: a copy of the grade report highlighting a grade of "B" or better on graduate level coursework and documentation of "out of pocket" payment (college or university receipt, cancelled check, credit card receipt) for each approved 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.

Notification and reimbursement check will be mailed directly to the address below.

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

SCHOOL DIVISION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBERS: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

WHAT TEACHING LICENSE DO YOU CURRENTLY HOLD?

- CONDITIONAL       COLLEGIATE PROFESSIONAL       NO LICENSE  
 PROVISIONAL       POSTGRADUATE PROFESSIONAL

WHAT SPECIAL EDUCATION ENDORSEMENT AREAS ARE LISTED ON YOUR LICENSE?

\_\_\_\_\_

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

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU A FULL-TIME PARAPROFESSIONAL EMPLOYED IN A SPECIAL EDUCATION PROGRAM FOR CHILDREN AGES BIRTH - 5 YEARS OLD?       YES       NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

COURSE INFORMATION  
YOU MUST REAPPLY FOR EACH SEMESTER

COURSE NUMBER	TITLE OF COURSE #1	COURSE TERM: (Please circle one) FALL 05    SPRING 06    SUMMER 06
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
COURSE NUMBER	TITLE OF COURSE #2	COURSE TERM: (Please circle one) FALL 05    SPRING 06    SUMMER 06
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
COURSE NUMBER	TITLE OF COURSE #3	COURSE TERM: (Please circle one) FALL 05    SPRING 06    SUMMER 06
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		

**SCHOOL DIVISION CERTIFICATION**

<p><b>Superintendent, Human Resource Director or Special Education Administrator for the school division must certify the employment of the applicant.</b></p>	
_____ Signature	_____ Position
_____ Date	_____ School Division

Return to:

Dr. Patricia D. Burgess  
Virginia Department of Education  
P. O. Box 2120  
Richmond, VA 23218-2120  
Phone: (804) 225-2096  
Fax: (804) 786-6759  
Email: pat.burgess@doe.virginia.gov

DEPARTMENT OF EDUCATION USE ONLY

Department of Education Specialist Approval: _____
Date application received: _____ (postmark)
Date grade and payment documentation received: _____
Date request for payment forwarded to finance: _____