



Isaac G. Joseph
SUPERINTENDENT

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

501 MANHATTAN BOULEVARD
HARVEY, LOUISIANA 70058-4495
(504) 365-5303

Title I Teacher Tuition/Praxis Reimbursement Application

Original Application Due Date (Spring): November 27, 2017-December 15, 2017



Lisa Gautreau

EXECUTIVE DIRECTOR OF
GRANTS AND FEDERAL
PROGRAMS

Section I: Complete application in blue ink.

_____ Semester _____ Year Name of Regionally
Accredited College/University: _____

_____	_____	_____	_____
Last	First	Middle/Maiden	Employee Number
Home Address			(____)
City, State and Zip Code			Home Telephone Number
Teacher Certificate Type and Number			(____)
Area(s) of Certification		School Telephone Number	
Area for Certification		School Assignment	
Position		Subject(s)/Grade(s) you are currently teaching	

Section II: Check one of the following and complete the course requested section, if necessary.

- _____ A. Courses to acquire certification in core academic subjects in which he/she is teaching
- _____ B. Courses to acquire certification in areas of critical need (ESL, Math, Science, and Special Education not including Gifted and Talented)
- _____ C. Courses for non-certified teachers related to content area to acquire certification in the area in which he/she is Teaching
- _____ D. Praxis in elementary or secondary core academic subject in which he/she is teaching or in an area of critical need

*Coursework up to six credit hours per semester that meets the appropriate participant categories listed above will be eligible for reimbursement. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in library science or guidance counseling; and/or (c) for advanced degrees. Additionally, funds are not available for anyone receiving assistance through another local, state, or federal funding source or grant. **Grades and Fee Bills due: Summer: July 24, 2017 –Fall: December 15, 2017 -Spring: May 18, 2018.***

Course(s) Requested: Please list the department, course #, and course title in blue ink.

Department	Course #	Course Title	Approved/Denied	HR Administrator
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Section III: Please read the statement below before signing.

I understand that if I receive an additional grant, drop, withdraw, or fail to complete a credit course successfully with a "C" or better for which Title I tuition assistance has been granted, no tuition will be remitted by Title I and that I will be responsible for payment. I give permission for all concerned in the implementation of the Title I Teacher Tuition Reimbursement Program to release information as required.

_____	_____	_____	_____
Applicant's Signature	Date	Principal's Signature	Date
_____	_____	_____	_____
Title I Administrator Signature	Date		

