



Isaac G. Joseph
SUPERINTENDENT

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

501 MANHATTAN BOULEVARD
HARVEY, LOUISIANA 70058-4495
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Lisa Gautreau
**EXECUTIVE DIRECTOR OF
GRANTS AND FEDERAL
PROGRAMS**

Title I Teacher Tuition/Praxis Reimbursement Application

Original Application Due Date (Summer): **May 8, 2017 – May 19, 2017**

Section I: Complete application in blue ink.

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

Name: _____
Last First Middle/Maiden Employee Number

Home Address _____ () _____
Home Telephone Number

City, State and Zip Code _____ () _____
School Telephone Number

Teacher Certificate Type and Number _____ Area(s) of Certification _____ School Assignment _____

Position _____ Area for Certification _____ 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 _____