



JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

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

DR. CADE BRUMLEY
 Superintendent

LISA GAUTREAU
 Executive Director of Grants
 and Federal Programs

Title I Teacher Tuition/Praxis Reimbursement Application

Original Application Due Date (Spring): **November 26, 2018–December 14, 2018**

Section I: Complete application in blue ink.

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

Last	First	Middle/Maiden	Employee Number ()
Home Address			Home Telephone Number ()
City	State	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: August 13, 2018 – Fall: December 14, 2018 - Spring: May 17, 2019.***

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		