

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>Superintendent, Human Resource Director or Special Education Administrator for the school division must certify the employment of the applicant.</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: _____