



TUITION REIMBURSEMENT WITH TITLE FUNDS

Participants must be current employees of the Sunflower County Consolidated School District or affiliated parochial/private schools. Participants must agree to remain an employee of the Sunflower County Consolidated School District or affiliated parochial/private School for at least two (2) years after date of financial support or after certification is obtained. **If employment is terminated (voluntarily or involuntarily) prior to the end of the two (2) year commitment, participant must reimburse all monies paid toward financial support.**

Application Deadline: Eight weeks prior to start of accredited college/university term

Name: _____ Social Security Number: _____
Base School: _____ Present Assignment: _____
Home Address: _____ Telephone: _____
Number of Years Employed in the District/Affiliated School: _____
_____ University/College you
will be attending: _____
University/College Address: _____

Name of Course(s) to be taken from **July 2016-June 2017** (Limited to two (2) courses or up to \$3,000.00, whichever is least expensive):

1. Course Name: _____ () undergraduate () graduate
2. Course Name: _____ () undergraduate () graduate

****In the event that changes are needed, written approval must be granted by the Office of Federal Programs.***

Title Funds cannot be utilized for dissertation-related courses.

Reason for requesting Title funds. Circle the bullet that applies to your choice:

- I am currently employed on an interim certification and need additional college/university courses for permanent certification and/or need to take the Praxis examination.
- I am a certified teacher, and I need college /university courses to pursue certification in library media.
- I am a certified teacher, guidance counselor, or school nurse seeking National Board certification.
- I am a licensed social worker, and I need college/university courses to pursue an advanced degree (master's) in social work.
- I need college/university courses for continuation of my current (permanent) license which expires _____ (Date).
- I am an assistant teacher or lab technician with sixty or more college/university hours and would like to pursue a degree in the education field.
- I am a practicing administrator who desires college/university courses.
- I am a practicing teacher who desires college/university courses in the area of current endorsement.

NOTE: THESE ARE THE ONLY CATEGORIES FOR WHICH FUNDS WILL BE EXPENDED

AGREEMENT

If I fail to make a passing score ("C" for undergraduate and "B" for graduate), withdraw from the course, or am no longer employed by the Sunflower County Consolidated School District or its affiliated schools, I understand that my tuition will not be paid. I will be financially responsible for these fees. I also understand that if grant or student loan funds are used to pay for these classes, the SCCSD will not pay the tuition.

Within one month of completion of the course(s), I agree to submit the following to the SCCSD Office of Federal Programs:

- An ***official*** copy of the transcript showing completion of the course(s) listed above
- A ***detailed*** billing statement

I truthfully acknowledge that the above course(s) will not be paid by any grant, loan, or program.

I understand the above guidelines and agree to abide by them for the participation in the Tuition Reimbursement Program.

Participant's Signature

Date

CERTIFICATION

After consultation with the employee I certify that the above information is correct.

Principal/Headmaster

Date

This is to certify that the above individual is a current employee of the Sunflower County Consolidated School District or its affiliated schools.

Personnel Director

Date