



**JEFFERSON PARISH SCHOOLS**

501 MANHATTAN BOULEVARD  
 HARVEY, LOUISIANA 70058-4495  
 (504) 365-5303  
[jpschools.org](http://jpschools.org)

**Title I Teacher Tuition/Praxis Reimbursement Application**

Application Due Date (Fall): **July 26, 2021 – August 6, 2021**

**Section I: Complete application in blue ink.**

\_\_\_ Semester \_\_\_ Year Name of 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;***

**Fall: December 17, 2021 - Spring: May 16, 2022 - Summer: August 12, 2022**

**Praxis/Course(s) Request:** Please list the Praxis/Course # and Praxis/Course title in blue ink.

Praxis/Course #	Praxis/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 understand that I will most likely incur out-of-pocket expenses. I also acknowledge the District will only pay for courses listed on the course prescription.** I give permission for all concerned in the implementation of the Title I Teacher Tuition Reimbursement Program to release information as required.

\_\_\_\_\_ Teacher's Signature Date Principal's Signature Date

\_\_\_\_\_ Title I Administrator Signature Date