



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

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January 31, 2019

MEMORANDUM

To: Directors, Exceptional Children Programs
Lead Coordinators, Charter Schools

From: Sherry H. Thomas, Director
Exceptional Children Division *[Signature]*

Subject: Application for 2019 Spring Tuition Reimbursement

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Please provide the attached tuition reimbursement application to lateral entry or provisionally licensed teachers who are seeking to become fully certified in the education of children with disabilities. *Review this memo carefully to ensure understanding of timelines associated with the application submission and the documentation required (grade report, payment receipt for course). Only fully completed applications signed by the LEA Exceptional Children Director/Charter Coordinator will be considered.*

Limited spring tuition awards are available for special education teachers working toward meeting provisional or lateral entry license requirements. Under this program, employed bachelor level special education teachers holding a current and verifiable provisional or lateral entry license may apply for tuition reimbursement. The reimbursement is for the cost of **one** approved **Spring** course up to \$110.00 per semester hour with a **final grade of "B" or higher**. The reimbursement is made from the Exceptional Children Division directly to the applicant after approval and upon receipt of all required documentation by the deadline (receipt and grade report). If the tuition is above the \$110.00 per semester hour rate, it will be the responsibility of the recipient to pay the difference. These awards are made on a "first come, first serve" basis until the federal grant funds are exhausted. Submission of an application does not guarantee approval for reimbursement.

The Exceptional Children Division requests assistance from Directors/Charter Coordinators to help us avoid double funding participants. Whenever possible, teachers should seek funding through local sources or university grants. Doing so will permit this grant to help more teachers who do not have any other funding source.

Copies of this application packet may be reproduced as needed and will also be posted on the Exceptional Children homepage <http://ec.ncpublicschools.gov/finance-grants/tuition-reimbursement/>. Applications for **Spring allocation awards must be received by May 3, 2019, and supporting documentation including proof of tuition payment and grade report of B or higher by June 7, 2019.** For additional information concerning this program, contact Carol Moffitt, (919) 807-3997 or carol.moffitt@dpi.nc.gov.

SHT/CM/jd

Attachment

EXCEPTIONAL CHILDREN DIVISION

Sherry H. Thomas, Director | sherry.thomas@dpi.nc.gov

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3969 | Fax (919) 807-3243

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**North Carolina Department of Public Instruction
North Carolina State Improvement Project II
APPLICATION FOR SPRING TUITION REIMBURSEMENT**

**Funds Limited to – Teachers with current and verifiable Provisional or Lateral Entry Exceptional Children License
(All information must be complete and legible for application to be considered)**

NAME: _____

HOME ADDRESS: _____

Box or Street City State Zip Code Home Phone

ADMINISTRATIVE UNIT: _____

City or County School Work Phone

SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

**This is an application only and must be submitted and approved to be considered for tuition reimbursement.
Applicant must receive a final grade of "B" or higher *Only one course per semester will be reimbursed***

NAME OF UNIVERSITY _____ Beginning Date of Course __ / __ / __

COURSE #	COURSE TITLE	CREDIT HRS	COST

- PRESENT EDUCATION: B.A. or B.S. _____, M.A. or M.S. _____, Other _____
Special Education (Specify Area) _____
- Do you plan to remain in your present position? ___ Yes ___ No Explain: _____
- Do you currently hold a current and verifiable provisional or lateral entry license in special education? Yes ___ No (IF NO, do not complete this form).
- When do you expect to complete provisional or lateral entry license requirements? (Month) _____ (Year) _____
- Applicant's Statement: I hereby grant permission to the university attended under this tuition grant to report my grades to the Department of Public Instruction. *I accept responsibility for paying for any charges incurred beyond the university's normal charge for special education course work above \$110.00 per semester hour. I accept responsibility for costs due to late registration, out-of-state tuition and any non-tuition costs, such as books, travel, food, room, application fees, administrative fees, etc. I ensure that I am not receiving reimbursement from another source for this course.*

Applicant (PRINT NAME) Signature of Applicant Date

SEND THIS APPLICATION TO YOUR EXCEPTIONAL CHILDREN PROGRAM DIRECTOR TO COMPLETE "EVIDENCE OF EMPLOYMENT."

EC Program Director: Please screen applicant carefully. RETURN this form to applicant if the course is not appropriate for their responsibilities, or the form is incorrectly filled out, or the local education agency has provided reimbursement.

- I certify that the applicant holds a current and verifiable provisional or lateral entry license in special education.
- I certify that the above numbers 1-4 are accurate.
- Is this applicant under contract with your administrative unit as a teacher of exceptional children? ___ Yes ___ No**

EC Program Director/Charter Coordinator (PRINT NAME) Signature of EC Program Director/Charter Coordinator Date

Mail completed application to: Tuition Reimbursement **This original application must be received by May 3, 2019**
NCDPI, Exceptional Children Division **Supporting documentation due June 7, 2019**
6356 Mail Service Center ***Grade Report and Receipt for tuition payment**
Raleigh, NC 27699-6356

FOR DPI USE ONLY:

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|---|--|--|
| <input type="checkbox"/> Application Approved | <input type="checkbox"/> Application Denied & Returned | <input type="checkbox"/> Did not meet the deadline |
| _____ Date | _____ Date | <input type="checkbox"/> Not under contract as special education teacher |
| | | <input type="checkbox"/> Only one spring course will be reimbursed |
| | | <input type="checkbox"/> Incomplete application, see highlighted section |