



PUBLIC SCHOOLS OF NORTH CAROLINA


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

WWW.NCPUBLICSCHOOLS.ORG

September 13, 2019

MEMORANDUM

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

From: Sherry H. Thomas, Director
Exceptional Children Division 

Subject: Application for 2019 Fall Tuition Reimbursement

Please provide the attached tuition reimbursement application to residency, 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 PSU Exceptional Children Director/Charter Coordinator will be considered.**

Limited fall tuition awards are available. Under this program, employed bachelor level special education teachers holding a current and verifiable residency, provisional or lateral entry license may apply for tuition reimbursement. The reimbursement is for the cost of **one approved Fall course per semester**. Each approved applicant will receive 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 assume 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 funding 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 Fall allocation awards must be received by December 6, 2019, and supporting documentation including proof of tuition payment and grade report of B or higher by January 3, 2020.**

For additional information concerning this program, contact Ginger Starling, (919) 807-3977 or ginger.starling@dpi.nc.gov.

SHT/GS/is

Attachment

EXCEPTIONAL CHILDREN DIVISION

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

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3969 | Fax (919) 807-3896

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

North Carolina Department of Public Instruction
North Carolina State Improvement Project II

APPLICATION FOR FALL 2019 TUITION REIMBURSEMENT

Funds Limited to – Teachers with current and verifiable Residency, Provisional, or Lateral Entry Exceptional Children License

Important Information:

- This is an application only and must be submitted and approved to be considered for tuition reimbursement.
- The application must be complete, legible, and have the original "wet" signature of the EC Director/Charter Coordinator to verify appropriate employment position.
- Applicant must receive a final grade of "B" or higher in the course.
- Only one course per Fall semester will be reimbursed.

Applications must be received by **December 6, 2019**.
Supporting Documents are due by **January 3rd, 2020**. *
*Grade report and a '0' balance receipt verifying tuition payment

Mail completed application to:
Tuition Reimbursement
NCDPI, Exceptional Children Division
6356 Mail Service Center
Raleigh, NC 27699-6356

NAME: _____

HOME ADDRESS: _____

Box or Street	City	State	Zip Code	Home Phone
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ADMINISTRATIVE UNIT: _____

City or County	School	Work Phone
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SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

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 _____
- Which Special Education area are you seeking licensure? _____
- Do you plan to remain in your present position? ___ Yes ___ No Explain: _____
- Do you currently hold a current and verifiable residency, provisional, or lateral entry license in special education? ___ Yes ___ No (IF **NO**, do not complete this form).
- When do you expect to complete residency, provisional, or lateral entry license requirements? (Month) _____ (Year) _____
- Applicant's Statement: I hereby grant permission to the university 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 public school unit has provided reimbursement.

- I certify that the above numbers 1-6 are accurate.
- I certify that the applicant holds a current and verifiable residency, provisional, or lateral entry license in special education.
- 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 _____

FOR DPI USE ONLY:	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied & Returned _____ Date	<input type="checkbox"/> Did not meet deadline <input type="checkbox"/> Submitted copy-need original "wet" signature <input type="checkbox"/> Not under contract as Special Education teacher <input type="checkbox"/> License not Special Education focused <input type="checkbox"/> Incomplete application, see highlighted section