



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | June St. Clair Atkinson, Ed.D., *State Superintendent*

WWW.NCPUBLICSCHOOLS.ORG

August 22, 2016

MEMORANDUM

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

From: William J. Hussey, Director *WJH*
Exceptional Children Division

Subject: Application for 2016-17 Fall Tuition Reimbursement

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 will be considered.*

Limited fall 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 fall course up to \$140.00 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 \$140.00 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 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 Fall allocation awards must be received by December 2, 2016 and supporting documentation including proof of tuition payment and grade report of B or higher earned by January 6, 2017. For additional information concerning this program, contact Paula H. Crawford, (919) 807-3298 or paula.crawford@dpi.nc.gov.

WJH/PHC/ds

Attachment

EXCEPTIONAL CHILDREN DIVISION

William J. Hussey, *Director* | bill.hussey@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 FALL 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 \$140.00 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.

- Is this applicant under contract with your administrative unit as a teacher of exceptional children?** ___ Yes ___ No
- 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.

EC Program Director (PRINT NAME) Signature of EC Program Director Date

Mail **completed** application to: Tuition Reimbursement **Applications must be received by December 2, 2016**
NCDPI, Exceptional Children Division **Supporting documentation due January 6, 2017**
6356 Mail Service Center ***Grade Report and Receipt for tuition payment**
Raleigh, NC 27699-6356

FOR DPI USE ONLY:

| | | |
|---|--|--|
| <input type="checkbox"/> Application Approved _____ Date | <input type="checkbox"/> Application Denied & Returned _____ Date | <input type="checkbox"/> Incomplete Application, See Highlighted Section |
| | | <input type="checkbox"/> Not Under Contract as Special Education Teacher |
| | | <input type="checkbox"/> Only Fall Courses Will Be Reimbursed |
| | | <input type="checkbox"/> Only One Course Will Be Reimbursed |