



**NATCHITOCHE PARISH SCHOOL BOARD
TUITION ASSISTANCE REQUEST**

Please print legibly or type.

Section I:

Name: _____ Last 4 Digits of Social Security # _____

Home Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Current Position _____ School: _____

Check the category that applies to you:

_____ Seeking Initial Teacher Certification for Current Position

_____ Seeking Add-on Certification for Current Position

Section II:

List the requested courses for reimbursement below.

(Please note: Only courses meeting the categories listed above and that are on the applicant's certification prescription plan will be considered for assistance. The assistance amount will be determined at the time of approval.)

University/Program Provider Name: _____

Program of Study: _____ Semester: _____

Department	Course Number	Course Title	Course Dates

Section III:

Please read and initial each statement.

_____ I understand that applying for assistance does not guarantee approval.

_____ I understand that Natchitoches Parish School Board (NPSB) will pay up to \$1000 per semester toward tuition, and the remaining balance will be my responsibility.

_____ I understand that tuition assistance cannot be combined with Louisiana Classroom Teacher Enrollment Program (CTEP), TEACH Grant, or any other related program.

_____ I give NPSB permission to request/receive information concerning my tuition and grades from my chosen university/program.

_____ I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be paid to the university/provider by the NPSB, and I will be responsible for payment.

_____ I agree that for every year I receive tuition assistance, I will give one year of service back to NPSB. In the event my employment is terminated by the district during this time, I will not be responsible for repayment of any financial assistance I received.

Applicant's Signature _____

Date _____

School Principal's Signature _____

Date _____

Human Resource Director's Signature _____

Date _____

Federal Programs Director's Signature _____

Date _____