WCSD APPLICATION FOR EDUCATIONAL TUITION

REIMBURSEMENT SCHOLARSHIP

Educational expense - The Washington County School District believes that the continued enhancement of the leadership and knowledge related skills of certified staff will contribute positively to the operation of the school district, student achievement, and personalized growth. The amount of scholarship will be based on funding availability during the requesting school year. The certified teacher agrees that he/she will remain in the Washington County School District for twenty-four (24) months following reimbursement. Should he/she choose to leave prior to the twenty-four (24) months, he/she will reimburse the District the scholarship costs incurred to that point. A minimum grade of a "B" on a submitted transcript will be required before reimbursement will be issued.

- Attach a letter of recommendation from one supervisor.
- Attach an essay, not to exceed 500 words, stating how your coursework will enhance student achievement and grow your individual personal learning.
- Complete the following Employee Educational Assistance Form

Employee Educational Assistance Form Washington County Schools

1. Name				2. Socia	l Security	y Number	_
3. Current Position	4. School/District						
5. Equal Opportu Completion is v	-	on (Infor	mation is this item	is for st	atistical	purposes (only.
African American Caucasian	Gender: Mal Age:		nale (circ	cle one)			
6. Institution offe	ring course(s).						
Name:			Address:				
				_			
Course Title	Course Number	Credit Hours	Graduate or Undergraduate	Start Date	End Date	Cost	Central Office Approval

7. TUITION REIMBURSEMENT AND GRADE RELEASE AUTHORIZATION (To be signed by employee.)

THIS IS TO CERTIFY THAT I will repay the Washington County Schools the total sum of the tuition assistance cost if my application contains any material falsification; I fail to provide to the district within thirty (30) calendar days of the scheduled completion of the course(s) evidence of a satisfactory grade of "B" in graduate studies; a grade of "I" (Incomplete) is not considered a satisfactory grade; my employment with the district is voluntarily terminated prior to completion of twenty four (24) months employment with the Washington County Schools after scheduled completion of the course(s) specified above, or during such training, I drop the course(s) regardless of cause, without prior approval of the superintendent of my district; or if I have received duplicate payment for the same course(s) from any other source. I FURTHER AUTHORIZE my educational institution to provide my employing district with a copy of my grade report for the course(s) listed above.

EMPLOYEE SIGNATURE	DATE	
8. BILLING INFORMATION		
payment. Obtain receipt of the payment to the education instit REIMBURSEMENT section of th Student Succeeds Act. In cases reimbursement to the employe 9. DISTRICT APPROVAL I herby verify that this certified	he Washington County Board Office the education institution's invoice the Washington County Board Office ution based upon the agreement outlined in the TUITION document and within the parameters of use of Title fund where proof of payment from the employee has been present any occur. Employee has been employed with the Washington Counall receive the tuition assistance for the approved course	will make ds under Every esented, ty School system
Principal	Date	

The Washington County School District approves the enrollment and tuition assistance in the course(s) listed above. Expenses other than the cost of the course(s) listed above are not authorized for payment without prior approval of the superintendent.

The Washington County School District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the employment or provision of services. This form is available in an accessible format upon request.