**2022-23**

**Applications are due ASAP to reserve funding**

**Schuylkill IU 29**

**Title II-A Improving Teacher Quality**

**Graduate Courses / Workshops Private School Reimbursement Request Form**

**Please provide complete information and all required documentation to avoid delays in processing.**

**Applications with missing information cannot be processed and will be returned to applicant.**

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subject/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level and area of certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-Mail Address (required): (Personal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Note: you MUST include an email address so you can be contacted in writing in case there is a problem or concern.)**

Number of students taught on a daily basis: \_\_\_\_\_\_\_\_\_. Please indicate the number of these students who are:

Female\_\_\_\_\_ Handicapped\_\_\_\_\_ Minority \_\_\_\_\_ Economically disadvantaged\_\_\_\_\_\_ Have limited English Proficiency\_\_\_\_\_\_

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

(Fall/Winter/Spring/Summer) (Year)

**(Please attach a course description from course catalog or from online source for purposes of verification).**

Course # or Name of PD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will this course/PD opportunity help your teaching assignment to meet the *State Standards* set (*state briefly)?* \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Credits: \_\_\_\_\_\_\_\_\_\_

Course Tuition or Cost of Professional Development:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please note that only Tuition will be paid by Title II Part A grant if taking a course.)**

**Check as appropriate**:

A) \_\_\_ I am seeking reimbursement upon successful completion of course/PD.

­­­ A.1 \_\_\_ **(Required)** Proof of payment attached (must be receipt, cancelled check or credit card receipt – tuition amount must be clearly identified)

A.2 \_\_\_ **(Required)** Proof of successful completion attached (must be a certificate, grade report, PDE printout, or confirmation letter on school letterhead)

B) \_\_\_ I understand that I will be asked to complete an online survey upon course/PD completion.

Applications must be submitted by May 1st to reservefunding. Once course is complete individual must submit required proofs. Send original application and proofs to Barb Wilkinson, Schuylkill Intermediate Unit 29, 17 Maple Avenue, PO Box 130, Mar Lin, PA 17951 or scan to [wilkb@iu29.org](mailto:wilkb@iu29.org).

**ASSURANCE: I have read the** **College/University's policy regarding financial obligations due to withdrawal** **from a** **course/workshop before completion. I understand that the** **grant will not pay any course costs if I withdraw from a course and I will be personally liable to pay those costs to the College/University.**

**Schuylkill IU 29**

**Curriculum Department**

**Title II Part A Coordinator**

Allocation Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allocation Bal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bd. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Applicant's signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Administrator’s signature

\*Please note – reimbursements will be made directly to individual listed and mailed to home

address as indicated above. The payments are made on a monthly basis following the IU 29

Board meeting. A social security number is required in order to issue a check to an individual.

Questions should be directed to Barb Wilkinson at (570)544-9131 ext. 1215 or [wilkb@iu29.org](mailto:wilkb@iu29.org)