

**Application for Educational Tuition Assistance  
(Tuition Reimbursement)**

Rappahannock County Public Schools

6 Schoolhouse Road

Washington, VA 22747

Phone: (540) 227-0023 Fax: (540) 987-8896

**(To be submitted to Superintendent/Designee in advance of taking the coursework)**

In order to receive financial assistance for tuition, I hereby request written approval. I understand that I must do this prior to registration for the course. I also understand that, if approved, the Rappahannock County Public School Board will assist with the tuition expenses up to **\$1,600 per year, unless prior approval is given**. The following must be submitted in order to receive tuition reimbursement.

**A copy of this approved tuition assistance application attached to:**

1. **Itemized bill (Only tuition will be reimbursed. Parking fees/tickets and recreation fees will not be reimbursed.)**
2. **Proof of payment**
3. **Copy of grade report (Must be a passing grade)**

**The above documentation must be submitted by May 1<sup>st</sup> of the applicable school year to be paid with funds from that school year.**

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

(Be specific)

Certificate currently held: \_\_\_\_\_ Provisional \_\_\_\_\_ Collegiate Professional  
\_\_\_\_\_ Post-Graduate \_\_\_\_\_ Technical

Endorsement Areas: \_\_\_\_\_

Location of class to be taken: \_\_\_\_\_ On-line through \_\_\_\_\_ University

\_\_\_\_\_ On-site at \_\_\_\_\_ University

Course Number: \_\_\_\_\_ Name of Class \_\_\_\_\_

Description of course (Due to new federal guidelines, a course can NOT be approved for tuition reimbursement without a brief course description): \_\_\_\_\_

I wish to apply for tuition assistance in the amount of \$ \_\_\_\_\_ for the above named course. I am enrolling in this course for the reason(s) checked below:

- \_\_\_\_\_ To apply it toward a Bachelor's Degree
- \_\_\_\_\_ To change from a provisional license to a Collegiate Professional License
- \_\_\_\_\_ To qualify for an added endorsement in \_\_\_\_\_
- \_\_\_\_\_ To renew my license which expires in (year) \_\_\_\_\_
- \_\_\_\_\_ To apply it toward a Master's Degree in subject area \_\_\_\_\_
- \_\_\_\_\_ To perform current position
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_

**For Office Use Only**

This applicant has been approved for \$ \_\_\_\_\_ in tuition assistance for the course specified above.

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Budget Source \_\_\_\_\_

R12/11/13