

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

**Rappahannock County Public Schools**  
**6 Schoolhouse Road Washington, VA 22747**  
**(540) 227-0023 phone (540) 987-8896 fax**

**(To be submitted to the Director of Academic Services 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 the Rappahannock County Public School Board will assist with the tuition expenses, if approved, up to a **maximum of \$1600 per year per person pending approval of federal funding at this level.** 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, recreation fees, other 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, course can NOT be approved for tuition reimbursement without brief course description written here) \_\_\_\_\_

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) \_\_\_\_\_
- 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 \_\_\_\_\_