

# ALEXANDRIA CITY PUBLIC SCHOOLS

## 2018-2019 TUITION ASSISTANCE GRANT APPLICATION

Submit this application to: Dr. Debra Lane, Curriculum & Instruction - 4<sup>th</sup> Floor, [debra.lane@acps.k12.va.us](mailto:debra.lane@acps.k12.va.us)

**APPLICANTS: READ THE FOLLOWING VERY CAREFULLY!**

- Incomplete applications will be returned to the applicant.
- This application **MUST** be received in the Curriculum & Instruction office two weeks (14 days) before the start of the course(s) for which assistance is sought. Applications received after this time will not be approved.
- Assistance is limited to the support of six (6) credit hours within a fiscal year (i.e., July 1-June 30).
- Assistance is limited to the five ACPS priorities below.
  1. Math: content and instruction
  2. Dual certification in ELL or special education certification holding more than one endorsement
  3. Reading: content and instruction
  4. Honors/Gifted Education
  5. Educational Leadership

YOU MAY EITHER COMPLETE THIS FORM BY TYPING IN THE INFORMATION OR PRINT IT OUT AND HANDWRITE IT IN.

Name \_\_\_\_\_ Employee I.D. Number \_\_\_\_\_ Full-time  
Part-time

Type of Current Teaching License (choose one)      Professional      Provisional      Conditional

Are you currently part of the Educational Leadership Cohort at George Mason?    Yes\_\_\_    No\_\_\_

Current Location \_\_\_\_\_ Current Teaching Assignment \_\_\_\_\_

Home Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Objective from my PLP which this coursework will support:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Course Number	Course Title	Course Start – End Dates MM/DD/YY	Type of Credit (choose one)	Credit Hours	Institution	Tuition*
			Undergraduate Graduate			
			Undergraduate Graduate			

\*Tuition ONLY – Do not include registration fees, special course fees, book or materials costs, travel costs, etc.

**Principal/Supervisor's Certification:** I certify that the course(s) listed above align with one of the five ACPS priorities above and support the applicant's Professional Learning Plan.

Principal/Supervisor's Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Course(s) Approved \$ \_\_\_\_\_ Course(s) Denied Reason for Denial \_\_\_\_\_

Program Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_