

**GREENVILLE PUBLIC SCHOOL DISTRICT
APPLICATION FOR TITLE II FUNDS
2020-2021**

Participants must be current employees of the Greenville Public School District or Affiliated Parochial/Private Schools. Participants must agree to remain an employee of the Greenville Public School District or Affiliated Parochial/Private School for at least **two (2)** years after date of financial support or after certification is obtained. If employment is terminated (voluntarily or involuntarily) prior to the end of the two (2) year commitment, participant must reimburse all monies paid toward financial support.

Application Deadline: Four weeks prior to start of Accredited College/University term.

Name: _____ Student Identification #: _____

Base School: _____ Present Assignment: _____

Home Address: _____ Telephone: _____

Number of Years Employed in the District / Affiliated School: _____

University/College you will be attending: _____

University/College Address: _____

Name of Course(s) to be taken from **August 2020 - May 2021** (Limited to two (2) courses or up to \$3,000.00, whichever is least expensive):

1. Course Name: _____ () undergraduate () graduate

2. Course Name: _____ () undergraduate () graduate

3. Semester: () Fall 2020 () Spring 2021

**** In the event that changes are needed, written approval must be granted by the Office of State and Federal Programs.***

Title II Funds cannot be utilized for dissertation-related courses.

Reasons for requesting Title II funds. ***Circle the bullet that applies to your choice.***

- I am currently employed on an interim certification and need additional ____college/university courses for permanent certification and/or I need to take the ____Praxis examination and/or ____ACT examination.
- I am a certified teacher and I need college/university courses to pursue certification in library media, math, science, ELA, and/or social studies.
- I am a teacher and I need college/university courses to pursue certification in gifted and/or advance placement.
- I need college/university courses for continuation of my current (permanent) license which expires _____ (Date).
- I am a paraprofessional with sixty or more college/university hours and would like to pursue a degree in the education field.
- I am a practicing administrator who desires college/university courses.
- I am a ____practicing teacher or ____counselor who desires college/university courses in the area of current endorsement.

NOTE: THESE ARE THE ONLY CATEGORIES FOR WHICH FUNDS WILL BE EXPENDED.

AGREEMENT

If I fail to make a passing score ("C" for graduate **and** undergraduate courses), withdraw from the course, or am no longer employed by the Greenville Public School District, or its affiliated schools, I understand that my tuition will not be paid. If the tuition is paid by the GPSD in advance, then I will be financially responsible for these fees and am agreeing for the GPSD to deduct these fees from my payroll check. I also understand that if grant or student loan funds are used to pay for these classes, the GPSD will not pay the tuition. If these fees are paid by the GPSD in error, I am agreeing for the GPSD to deduct these fees from my payroll check.

Within **two weeks** of completion of the course(s), I agree to submit the following to the GPSD Office of State & Federal Programs:

- an ***official*** copy of the transcript showing completion of the course(s) listed above
- a ***detailed*** billing statement

I truthfully acknowledge that the above course(s) will not be paid by any other grant, loan, or program.

I understand the above guidelines and agree to abide by them for participation in the Payment / Reimbursement Program.

Participant's Signature

Date

CERTIFICATION

After consultation with the employee I certify that the above information is correct.

Principal / Headmaster

Date

This is to certify that the above individual is a current employee of the Greenville Public School District or its affiliated schools.

Human Resources Director

Date