# VOLUSIA COUNTY SCHOOL DISTRICT

# SUPPORT STAFF TUITION REIMBURSEMENT APPLICATION

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| **DIRECTIONS: Complete all information requested below and submit the application along with verification of the cost of tuition to the Professional Learning Department.** **pre-approval is required TO CONFIRM COURSE ELIGIBILITY AND AVAILABLE FUNDING.** |
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| Name: | Last 4 DigitsSocial Security #: | Phone: |
| Home Address: | Street: | City | Zip: |
| Current School/Office Location: | Current Role:  |
| College/University: | Degree Program: | Course Title: |
| CourseCode: | # credithours: | Cost percredit hour: | Begin Date: | End Date: |
| Course Description (brief catalog description): |
| Have you applied for reimbursement from any other source? Yes \_\_\_\_\_ or No\_\_\_\_ If yes, please identify source. |
| **Applicant’s Certification*** I hereby certify that the information in this application is complete and correct to the best of my knowledge.
* I understand that to receive reimbursement I must submit a transcript or gradeslip to the Professional Learning Department within 45 days of completing this course.
* I understand that I must notify the Professional Learning Department in writing within 30 days if I do not complete the course, earn a grade of less than a “B,” or wish to withdraw my request for reimbursement for any reason.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR USE BY THE PROFESSIONAL LEARNING DEPARTMENT** |
|  Pre-approved for reimbursement at $\_\_\_\_\_\_\_\_\_\_\_ per credit hour, for a total reimbursement of $\_\_\_\_\_\_\_\_\_\_\_\_\_. Not approved, based on the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional Learning Department Date |

APPLICANT: ATTACH VERIFICATION OF TUITION COST & SUBMIT TO THE PROFESSIONAL LEARNING DEPARTMENT

PLEASE MAKE A COPY FOR YOUR RECORDS

**VOLUSIA COUNTY SCHOOL DISTRICT**

***SUPPORT STAFF TUITION REIMBURSEMENT GUIDELINES***

Support Staff may be eligible for reimbursement for the cost of tuition for courses taken under the following terms and limits:

1. **Pre-approval is required to ensure availability of funds.**

2. Applications for tuition reimbursement shall be submitted to the Professional Learning Department along with verification of the cost of tuition. **In order to confirm course eligibility and available funding, pre-approval is required.**

3. Support Staff may apply for tuition reimbursement for **ONE course per year** (fiscal year of July 1st through June 30th).

4. Only courses taken during the **current school year**, (July 1st through June 30th), are eligible for reimbursement.

5. Tuition reimbursement shall be **limited to $350.00 per credit hour** for a maximum of 3 credit hours not to exceed the actual cost per credit hour.

6. Reimbursement will be **provided for tuition only**, (books, fees, etc., are not eligible for reimbursement).

7. Support Staff receiving reimbursement from another funding source are not eligible for reimbursement from this funding source.

8. Courses eligible for reimbursement must be taken at a college or university accredited by the Southern Association of Colleges and Schools or other recognized accreditation agency.

9. The support staff must receive a **grade of "B" or above** to receive reimbursement.

10. To receive reimbursement, support staff must submit a transcript or grade slip showing a grade of “B” or above to the Professional Learning Department within 45 days of completion of the course:

***\*\* You must notify the Professional Learning Department in writing within 30 days if you do not complete the course, earn a grade of less than a “B,” or wish to withdraw your request for reimbursement for any reason.***