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ST. JAMES PARISH PUBLIC SCHOOL SYSTEM APPLICATION FOR TUITION/PRAXIS ASSISTANCE 8(G) LOCAL TEACHER QUALITY BLOCK GRANT PROGRAM/TITLE II FEDERAL PROGRAM

Section I: Ap	plicant Informatio	on. To be compl	eted by applica	ant (Print or T	Гуре)					
NameFi										
		Middle	Last				al Security No.			
Home Mailing	Address			Sc	SchoolCurrent Position					
City, State, Zip Code Teaching Certificate/Practitioner License Type and No					Current Position					
Teaching Certificate/Practitioner License Type and No					() () Home Phone Number School Phone Number					
Summer Spr (circle	est for Coursewo ing Fall Semesto one)	er (Year)	_ Name of C	ollege/Unive	rsity ₋					
	e of the following li			indicate the	area	of certificat	tion you are see	king:		
Check one		Participant			Area of Certification					
	Non-Standard Cert									
	Enrolled in Alternat		Program							
	Teaching Out of Fig									
	Certified – Seeking		d as defined by	NCLB						
	School Improveme									
;	School/Teacher Le	ader								
	Administrative Lead									
	National Board Cer	tification								
	department, numb lat you are request COURSE #	ing reimburseme		E		determine	claim (Approved d and completed APPROVED	d by		
	est for Praxis Rei the name, number NAME OF TEST		* <u>Limit</u>	est that you a	tlined ire re	questing re	reimbursement eimbursement fo T/COST OF TE	r:	t <u>y.</u> SCORE	
I understand to that I earned a includes only Reimburseme Teacher Qual Parish Profess these grant proshould be sen Applicant's Significant's S	ease read the sechat I must submit to a C or above on contact and will be made to easier and will be made to easier and Growth Rein to Carol Webre but to Carol Webre	his form along wursework or tool ion fee and build qualifying application Title II resembursement Prication as repaired the deadline a	with a copy of make the Praxis). (Iting use fee. No ants for approved funds on a pritization List. It equired. NOTE announced (Decompt).	Coursework r lo late fees, to yed courseword first-come fir give permiss E: Tuition reir c. 21 for Sum	eimb echnork ar est-se sion f mburs imer	ursement is cology fees, nd/or Praxis rve basis a cor all concesement and & Fall and Da	s limited to tuition etc. will be reim is fees from the 8 is dictated by the erned in the imp id Praxis reimbur May 28 for Fall in the interpolate in the imp in the	on an aburs B(g) L e St. leme seme & Sp	d edocal James ntation of ents oring).	
Federal Programs Director's Signature:										