

**APPLICATION FOR TUITION REIMBURSEMENT**

MINFORD LOCAL BOARD OF EDUCATION  
Effective 2022

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. University or college attending: \_\_\_\_\_
2. Course name and number: \_\_\_\_\_
3. Number of hours – specify quarter or semester: \_\_\_\_\_
4. Tuition reimbursement requested:        \$ \_\_\_\_\_ Cost per hour: \$ \_\_\_\_\_
5. Cost of Books:        \$ \_\_\_\_\_ Course Start Date: \_\_\_\_\_
6. Final approval and reimbursement will be made when receipts for the course, books and official notice of grades received or transcript has been filed with the Treasurer’s office.

The following requirements must be met in order for you to be eligible:

- A. Believing that our staff of teachers as a group will make a greater contribution to the children they serve if additional training is obtained in the subject area assigned or a field of education, the Board of Education will pay a supplemental salary to a teacher to cover tuition and book costs in college courses completed within one year of the date of first request, in which a grade of “B” or better is earned. Total maximum coverage is \$ 3,500.00 per individual per year.
- B. No teacher shall be eligible for reimbursement for more than 6 quarter hours or 4 semester hours during any one year period from September 1 to the following August 31.
- C. Subject to the availability of funds the Board shall appropriate twenty-five thousand dollars ( 25,000.00) annually to be expended for tuition reimbursement on a first come, first serve basis for all bargaining unit members. After the funds are expended the teacher may apply for reimbursement in the next fiscal year.
- D. Approval must be submitted twenty (20) days in advance of the registration date and approval signed by the Superintendent. No course will be reimbursed if all sections of this article have not been met within one year.
- E. Payment will be made on final approval.

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**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Approval for Class (Signature) \_\_\_\_\_

Reimbursement Approval (Signature) \_\_\_\_\_

Disapproval (Signature) \_\_\_\_\_

Reason \_\_\_\_\_

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