



**Section 1: To be completed by applicant (Print or Type)**

\_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ Name of Regionally Accredited College/University: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle/Maiden Social Security Number

Home Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Number

City, State and Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
School Telephone Number

Teacher Certification Type and Number	Area(s) of Certification	School Assignment Indicate if the school meets the following criteria: <input type="checkbox"/> Rural <input type="checkbox"/> Low Performing <input type="checkbox"/> High Poverty
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Position	Area(s) of Certification	Subject(s)/Grade(s) you are currently teaching
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Check the one that applies to the Participant:

- |  |   |
|--|---|
| _____ A. Seeking Standard Certification                | _____ E. Relicensure                    |
| _____ B. Seeking Highly Qualified under NCLB           | _____ F. Teacher Leader Endorsement     |
| _____ C. Alternative Certification Program participant | _____ G. Education Leader 1 Endorsement |
| _____ D. Certification in a Shortage Area              | _____ H. Other _____                    |

***Only courses meeting the appropriate participant categories listed above may be approved for the 8(g) LTQ funds. These funds may not be used specifically for coursework needed (a) to increase overall grade point average for acceptance into a teacher education program; (b) certification in library science or guidance counseling; and/or (c) for advanced degrees.***

**Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.**

Department	Course #	Course Title	Approved / Denied LEA Adm. must Initial/Date review
_____	_____	_____	_____
_____	_____	_____	_____

**Section II: (Please read the statement below carefully before signing)**

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me or to the university on my behalf by my employing agency and that I will be responsible for payment. I give permission for all concerned in the implementation of the Local Teacher Quality Block Grant Program to release information as required.

Applicant's Signature _____	Date _____	Principal's Signature _____	Date _____
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Agency Superintendent/Administrator Signature _____	Date _____
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