



# MATHEWS LOCAL SCHOOL DISTRICT TUITION REIMBURSEMENT APPLICATION



Form Is Due No Later Than September 10

The Board shall reimburse members of the MEA the costs of tuition for college work approved by the Superintendent or LPDC for the course(s) taken if the course is outside of the teacher's current area(s) of certification and successfully completed (3.0 GPA or better or a Pass in a Pass/Fail class) at an accredited college or university. The reimbursement for each member will be 50% of their cost but not to exceed \$2,000.00 per individual per year. Reimbursement will be made once a year in September. The total reimbursement from the Board of Education shall not exceed \$22,000.00 per year. In the event that the total amount requested exceeds \$22,000.00, the Treasurer shall compute a pro-rated distribution based on the number of semester hours or equivalent quarter hours after all teachers submit requests for such reimbursement.

In the event that the maximum of \$22,000 per year is not reached by all members requesting initial reimbursement, individuals whose total tuition cost exceeds \$4,000.00 will be eligible for secondary reimbursement at 50% of their excess tuition costs not to exceed an additional \$1,000 per individual. If the secondary reimbursements result in exceeding the \$22,000 maximum, the Treasurer shall compute a pro-rated distribution based on the secondary tuition costs only.

**Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**I request tuition reimbursement for the following accredited course:**

**Course Name** \_\_\_\_\_

**Course Description** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Location** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LPCD Committee Representative  
Or Superintendent's Signature**

\_\_\_\_\_  
**Date**

**Approved ( )**

**Disapproved ( )**

**REIMBURSEMENT INSTRUCTIONS**

**After your accredited course has been approved by LPCD Committee or Superintendent, and you have received a 3.0 GPA or better or a Pass in a Pass/Fail Class, submit the following information to the Mathews Board of Education Treasurer’s Office for reimbursement:**

**Name** \_\_\_\_\_

**Completed Course Name** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Date Course Completed** \_\_\_\_\_

**Please attach a copy of the bill from the accredited college or university, your original transcripts, and a copy of the check used to pay for the course.**

**Date Submitted** \_\_\_\_\_

**(Signature)**

\*\*\*\*\*

**REIMBURSEMENT CHECK APPROVAL**

**Payment Approved by** \_\_\_\_\_

**(Treasurer)**

**Amount \$** \_\_\_\_\_

**Check Number** \_\_\_\_\_

**Date** \_\_\_\_\_