



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:
 Rural Low Performing
 High Poverty

Position _____ Area(s) of Certification _____ Subject(s)/Grade(s) you are currently teaching

Check the one that applies to the Participant:

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

Agency Superintendent/Administrator Signature _____ Date _____