Zachary Community School System APPLICATION FOR EDUCATION ASSISTANCE PROGRAM

Section 1: To be comple	eted by applic	ant (Print or Typ	e)		
Semester:	Year:	_ Name of Colle	ege/University:		
Name:					
Last	First	Middle/Maid	en Social Security Num	ber	
Home Address			(<u>)</u> Home Telepho	an Number	
Home Address			Home relephol	ne number	
City, State and Zip Code	9		School Telephone Number		
Teacher Certification Type and Number	Area	(s) of Certification	on School Assignr	nent	
Courses Requested:	The Departme	ent, Course #, a	nd Course Title must be	provided by the appl	licant
DEPARTMENT COURSE #	COURSE	TITLE	Approved/Denied By School System	Initial/Date Review	'
Tuition Praxis (All other fees must be paid by the participant Total			Funding Approval: Project Coordinator/Sign	nature	
For Office Use Only: I	unding Source	e For	Office Use Only: Category		
□ 8G Teacher Quality			□ Seeking Standard Certification□ Seeking Highly Qualified		
□ Title II			☐ Alternative Certification Program		
☐ Title I☐ General Fund			Participant ☐ Seeking School/Teacher		
□ Other:			□ Professional Developme□ Praxis	ent/Growth	
Section II: (Please read	the statemen	t below carefully			
I understand that if I exemption has been g employing agency and the implementation of	drop, withdiranted, no tu that I will be of the Loca	raw, or fail to ition will be rem e responsible fo I Teacher Qua	complete a course succentited to me or to the uniterior payment. I give permality Grant Program/Fedunderstand the proces	versity on my behalf ission for all concer deral Funding to r	by my ned in elease
Applicant's Signature	Date	Princ	cipal's Signature Date		
Agency Superintender	nt/Administra	tor Signature		Date	