



## *Spartanburg School District Four*

### **Reimbursement for Professional Development**

#### **I. Objective:**

The Tuition Reimbursement Program supports district staff in meeting the educational requirements of employment within the district.

#### **II. Benefit:**

The reimbursement rate is equivalent to the average tuition for the three-hour graduate course at local accredited institutions. All reimbursement provided is contingent on the availability of funds from federal, state and local sources. This benefit is provided to eligible teachers who have been denied (for reasons other than a late application) or are ineligible for a SC Teaching Scholarship. A copy of the denial must accompany the application for this benefit by eligible teachers. Reimbursement is limited to one course per year unless teachers who are assigned out-of-field permits are trying to become fully certified in the area for which the out-of-field permit is issued.

In addition to the tuition benefit, reimbursement is also available for materials **REQUIRED** for participation in approved courses. An official syllabus indicating the materials requirement and an original receipt for purchase of the materials by the requesting teacher is required for reimbursement. The materials benefit does not apply to supplies other than those stated as required on the official course syllabus.

#### **III. Application for Grant:**

1. Application must be made on form provided by the district office. The application will be available online.
2. A copy of the denial of the SC Teaching Scholarship must accompany the application, if applicant is eligible for such a scholarship.
3. If applicant is not eligible for a SC Teaching Scholarship, application must be approved **PRIOR** to the beginning of the course to be taken.

#### **IV. Selection of Applicants**

An effort will be made to award a grant to all qualified applicants. Funds are limited, and should there be more applications than available funds, applicants will be selected on the following basis:

1. Whether or not the course is in the applicants' teaching area.
2. Number of grants previously received.
3. Commitment to teach in the school district.
4. Length of time employed in the school district.
5. Program leading to a graduate degree in education.

#### **V. Reimbursement**

The timeline for reimbursement will coincide with the district's fiscal year. Reimbursement for courses completed between July and the following June will occur in June.

Please check position:

Classroom Teacher

Administrator

Other Certified Staff



*Spartanburg School District Four*

**Professional Staff Development Grant Application**

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Presently teaching at \_\_\_\_\_

4. Grade or Subjects taught \_\_\_\_\_

5. Years of experience in this district \_\_\_\_\_

6. Areas of Certification \_\_\_\_\_

7. Have you ever received a Professional Grant in this district?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list each year \_\_\_\_\_

8. Has an application for a SC Teaching Scholarship to cover costs of this course been submitted?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, was the application approved \_\_\_\_\_  
If no, please attach a copy of the denial letter.

9. Is this course to be completed for graduate credit? Yes \_\_\_\_\_ No \_\_\_\_\_

10. I hereby make application for a professional grant to enroll in

\_\_\_\_\_ at \_\_\_\_\_  
Title and Course Number College/University/Institution

11. I plan to attend the \_\_\_\_\_ Summer, \_\_\_\_\_ Fall, \_\_\_\_\_ Spring session which begins on  
the following date \_\_\_\_\_.

**I understand course work this is approved by Spartanburg District Four for reimbursement may not meet recertification requirements of the South Carolina Department of Education. In addition, I understand I must continue to work in Spartanburg District Four for the entire school year following the year in which this grant is awarded, otherwise, I must refund the full amount of the grant awarded.**

\_\_\_\_\_  
Signature of Applicant

**I have reviewed the above application and forward it with recommendation for its approval.**

\_\_\_\_\_  
Signature of Principal