

LEXINGTON CITY SCHOOLS  
TUITION REIMBURSEMENT PROGRAM  
**FULL TUITION**  
PROPOSAL AND CONTRACT

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

Address: \_\_\_\_\_

Current Assignment: \_\_\_\_\_ Current Degree: \_\_\_\_\_

	<u>Level</u>	<u>Area(s)</u>
Current License:	_____	_____
Anticipated License/Degree:	_____	_____

Anticipated Date of Completion: \_\_\_\_\_

Total Number of Credit Hours Completed to Date: \_\_\_\_\_

Please send verification from the college or university that you will attend of your acceptance to an approved program of study, which will lead to the degree or clear licensure area for your teaching area.

Lexington City Schools Full-Tuition Reimbursement Program is intended to assist educators hired on a lateral entry basis and educators pursuing an additional area of licensure at the request of the Lexington City Schools. Each request will be considered individually with respect to the needs and resources of the system. Educators who receive approval are eligible to receive full-tuition based on the highest state rate. Financial aid must be reported and will be deducted from the tuition reimbursement total. Failure to report financial aid will disqualify the recipient from receiving any funds for tuition reimbursement. Funds received prior to discovery must be repaid to Lexington City Schools. The educators must pass the course(s) with a minimum grade of "C" in order to receive tuition reimbursement.

Rationale for Requesting Reimbursement: \_\_\_\_\_

In consideration for the reimbursement of tuition which is being made by the Lexington City Board of Education, the educator agrees to repay the amount in full in the event that he or she (a) does not complete the proposed course work satisfactorily or does not receive the anticipated degree or licensure area; or (b) does not remain employed by the Lexington City Board of Education after receiving the degree or licensure area for one year for each twelve hours of reimbursed course work.

Approved:	Date:
_____	_____
Educator	
_____	_____
Principal	
_____	_____
Superintendent	

NOTE: Upon completion of each course taken, you must submit to the superintendent or designee (1) a copy of the receipt for tuition paid, and (2) a transcript or grade report of the work for which you are requesting reimbursement, along with (3) the TUITION REIMBURSEMENT REQUEST form.

Requests for reimbursement and appropriate paperwork must be submitted within 90 days of the completion of the course in order to qualify for reimbursement.

LEXINGTON CITY SCHOOLS  
TUITION REIMBURSEMENT PROGRAM  
**FULL TUITION**  
REIMBURSEMENT REQUEST

At this time, I wish to request tuition reimbursement for course work completed under my Proposal for Lexington City Schools Tuition Reimbursement Program submitted on\_\_\_\_\_. Attached is my receipt for tuition paid and a transcript or grade report of the work for which I am requesting reimbursement.

Name:\_\_\_\_\_Date:\_\_\_\_\_

School:\_\_\_\_\_Teaching Assignment:\_\_\_\_\_

Subject Area, Course Number, and Title of Course(s) for which I am requesting reimbursement:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Institution of Higher Learning Attended:\_\_\_\_\_

Number of Credit Hours (Semester) for Course:\_\_\_\_\_Date Course(s) were Completed:

\_\_\_\_\_Total Number of Credit Hours Completed to Date:\_\_\_\_\_

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In consideration for the reimbursement of tuition which is being made by the Lexington City Board of Education, the educator agrees to repay the amount in full in the event that he or she (a) does not complete the proposed course work satisfactorily or does not receive the anticipated degree or licensure area; or (b) does not remain employed by the Lexington City Board of Education after receiving the degree or licensure area for one year for each twelve hours of reimbursed course work.

\_\_\_\_\_  
Signature of Educator

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

By:\_\_\_\_\_  
Superintendent or Designee

Amount of Reimbursement:\_\_\_\_\_

Requests for reimbursement and appropriate paperwork must be submitted within 90 days of the completion of the course in order to qualify for reimbursement.