**Process for Annual Update**

In order to continue to receive annual support the following steps NEED to be completed school each year.

1. A completed **projected yearly progress** page. This outlines your current job status, educational institution, projected coursework for the year, number of credits, and anticipated completion of the program.
2. A completed **support signatures form**. Applicants must have all 3 signatures prior to submission from the appropriate individuals.
3. Must be submitted electronically or by mail *June 15th, 2019* to be considered for the Tuition Reimbursement Program.
4. Send completed application packet electronically to neck@bric.k12.mn.us or by mail:

 Nicole Eck

 Region 1 & 2 Low Incidence Facilitator

 BRIC

 PO Box 974

 Bemidji, MN 56619

**Projected Yearly Progress**

|  |
| --- |
| Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Education Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Degree (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coursework you are planning to take during the 20\_\_-20\_\_ school year:  |

Summer 20\_\_\_

|  |  |  |
| --- | --- | --- |
| Course Number | Course Name | Credits |
|  |  |  |
|  |  |  |
|  |  |  |

Fall 20\_\_\_

|  |  |  |
| --- | --- | --- |
| Course Number | Course Name | Credits |
|  |  |  |
|  |  |  |
|  |  |  |

Spring 20\_\_\_

|  |  |  |
| --- | --- | --- |
| Course Number | Course Name | Credits |
|  |  |  |
|  |  |  |
|  |  |  |

**Support Signatures Form**

**(All signatures are required for initial and continued annual support)**

 **Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

**Building Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

I support this applicant receiving tuition reimbursement as our school would benefit from their participation in a special education program  yes  no and why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

I support this applicant receiving tuition reimbursement as our school would benefit from their participation in a special education program  yes  no and why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My signature above indicates that I am applying for coursework tuition support from Region 1&2 Low Incidence Project, *and* that:**

I understand the tuition reimbursement process and requirements;

I acknowledge that the purpose of this program is to prepare teachers of students with disabilities to teach in Minnesota schools, and tuition reimbursement is for those who will be teaching in Minnesota. The project will *not* reimburse tuition if I teach in another state during the time of tuition support; and the intent of this tuition support program is to increase the number of available teachers licensed in special education throughout our region. The expectation is that, as a beneficiary of this tuition support, I would then pursue licensure in the area of study upon completion of course requirements, and/or be available for employment in this capacity.

Are you currently receiving any tuition support, i.e. from your school district grants, scholarships, or any other source?  yes, if checked enter the source and the amount below:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 (source) (amount)

 no, by checking this box and signing below I declare under the penalties of perjury that I am not currently receiving any other tuition support or payments for the classes listed in my program of study in this application.

**School Districts Located in Regions 1 & 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Ada-Borup ISD #2854(ASEC) | Badger ISD #676(NWRIC) | Bagley ISD#162(BRIC) | Bemidji ISD#31 |
| Blackduck ISD#32(BRIC) | Cass Lake-Bena ISD#115(BRIC) | Clearbrook-Gonvick ISD#2311(BRIC) | Climax-Shelly ISD#592(ASEC) |
| Crookston ISD#593 | East Grand Forks ISD#595(ASEC) | Fertile-Beltrami ISD#599(ASEC) | Fisher ISD#600(ASEC) |
| Fosston ISD#601(ASEC) | Goodridge #561(NWRIC) | Greenbush-Middle River ISD#2683(NWRIC) | Grygla ISD#447(NWRIC) |
| Kelliher ISD#36(BRIC) | Kittson Central(Hallock/Kennedy) ISD# 2171 (NWRIC) | Lake of the WoodsISD#390(BRIC) | Lancaster ISD#358(NWRIC) |
| Laporte ISD#306(BRIC) | Littlefork ISD#362(BRIC) | Mahnomen ISD#432(BRIC) | Marshall County Central (Newfolden/Viking) ISD#441(NWRIC) |
| Naytahwaush Community School | Nevis ISD#308(PAWN) | Norman County West ISD#2527 (ASEC) | Park Rapids ISD309(PAWN) |
| Pine Point ISD#25(PAWN) | Red Lake County Central ISD#2906 (ASEC) | Red Lake ISD#38 | Red Lake Falls ISD#630(ASEC) |
| Roseau ISD#682 | S.Koochiching (Northome & Indus)ISD#363(BRIC) | Schoolcraft Learning Community Center | Stephan Argyle Central ISD#2856(ASEC) |

|  |  |  |  |
| --- | --- | --- | --- |
| Thief River FallsISD#564 | Treknorth High School | Tri-County (Karlstad)ISD#2358(NWRIC)  | Voyageurs Expeditionary High School |
| Walker-Hackensack-Akeley ISD#113(PAWN) | Warren-Alvarado-OsloISD#2176(ASEC) | Warroad ISD#690 | Waubun ISD#435(BRIC) |
| Win-E-MacISD#2609(ASEC) |  |  |  |