

Johnson County Schools  
Continuing Education Support Program

Complete application and return to Dr. David Timbs by the date stipulated in guidelines for the semester in which you are applying.

Employee Name: \_\_\_\_\_

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

Current  
Position: \_\_\_\_\_

School: \_\_\_\_\_

Semester for which you are applying for assistance:

\_\_\_ Fall    \_\_\_ Spring    \_\_\_ Summer

Indicate category of personnel for which you are applying:

- \_\_\_ 1. 7-12 teacher seeking additional coursework or endorsement to address the “highly qualified” status
- \_\_\_ 2. 7-12 teacher seeking to take the PRAXIS exam for “highly qualified” status  
Subject Area: \_\_\_\_\_ Test Date: \_\_\_\_\_
- \_\_\_ 3. Paraprofessional seeking additional coursework to satisfy “highly qualified status
- \_\_\_ 4. Paraprofessional seeking to take the ParaPro test

If you are seeking assistance for coursework, please provide the following information:

Institution where work will be completed: \_\_\_\_\_

Specific courses and credit hours of each:

Approximate tuition cost: \$ \_\_\_\_\_

I have read and understand the guidelines for the Continuing Education Support Initiative and I understand that I will be reimbursed for the approved costs at the end of the semester upon completion of my coursework with a grade of "C" or better. I will provide Johnson County Schools with a transcript to verify coursework and grades. The total amount to be reimbursed will be communicated to me before the beginning of the semester. I further understand the two-year work requirement as detailed in the guidelines.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**Central Office Use Only**

Date Application Received: \_\_\_\_\_ Received

By: \_\_\_\_\_

Assistance Amount Approved: \$ \_\_\_\_\_ (reimbursement if for  
coursework)

PRAXIS Amount Approved: \$ \_\_\_\_\_ ParaPro Approved: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Schools: \_\_\_\_\_

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

**TO BE COMPLETED UPON RECEIPT OF TRANSCRIPT**

\_\_\_\_ Transcript coursework credit and grades verified

By: \_\_\_\_\_

\_\_\_\_ Reimbursement completed (Verify with Russell Robinson)

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