**RCS Fee Waiver Request Application**

*Please note: Application must be submitted by dates set by the Fee Waiver Co-Chairs.*

Date application received by processor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preference Assigned:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date granted:

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Certificated/Licensed Employee’s Name (please print) School/building where employee is teacher/administrator

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

OSU Student ID Number (if applicable) Current Job Assignment / Years of Service in RCS District

**General Guidelines & Information**

A. The proper form must be submitted w/printed name, signature, & reason you qualify for preference.

B. Applicant must have been under contract for a minimum of two years.

C. Fee waiver script lost by a teacher, administor, postal service, or university will not be replaced. It is, therefore, advisable to deliver the script for payment in person.

D. Hand delivery to the Fee Waiver Processor is advisable.

E. Fee waivers will be allocated on a priority system without regard as to whether it is in-service or on-campus training.

F. No fee waiver will be issued without the utilization of this procedure.

G. A maximum of 3 hours will be issued to each certificate personnel per semester when available.

H. Any certificated personnel who receive and fails to use or return fee script will be ineligible for the remainder of the school year, including summer quarter.

**I. Verification that course credit was earned (grade statement, unofficial transcript) when a fee waiver is used must be submitted no later than two weeks after the class ends.**

**Application for Fee Waiver**

Date of this application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Term College/University*

I am requesting \_\_\_\_\_hours (no more than 3 will be granted) for the following course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Check and complete one (1) of the preferences below. More information is located below under District Policy. *Reason must be stated in detail or it will be necessary to assign preference four.*

\_\_\_\_Preference One: Certificate/License Needed for my Current Teaching Assignment Renewal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Preference Two: Degree/Certificate/License Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Preference Three: Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Preference Four: Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Applicant’s Signature Phone Number E-mail address**

Falsification of information on this form will result in the teacher/administrator being responsible for full financial reimbursement to the Reynoldsburg City School District.

**District Policy**

Preference One: Any certificated/licensed personnel who needs college courses to renew current certification within the next two years. This certification must be the one required for the applicant’s current teaching assignment.

Preference Two: Any certificated/licensed personnel working on an established program leading to a degree or special type certificate or a certification/license which needs renewed but it not required for the applicant’s current teaching assignment.

Preference Three: Any certificated/licensed personnel who is a member of REA or a Reynoldsburg Administrator.

Preference Four: Any certificated/licensed personnel who did not qualify for the first three preferences.

(1) Members (2) After the above have been exhausted, date of application will be used. (3) As a last resort, a draw will be utilized.

\*ATTACH A COMPLETED RCS EMPLOYEE’S ASSURANCE FORM \* *August 2017*

**REYNOLDSBURG CITY SCHOOLS**

***EMPLOYEE’S ASSURANCE***

***REGARDING FEE WAIVER REIMBURSEMENTS***

I hereby certify that I am making application for a graduate level tuition reimbursement (fee waiver) from the Reynoldsburg City Schools Board of Education, and I hereby give the following assurances:

1. That the graduate level tuition expenses will be used for maintaining or improving skills of my profession, and not for education leading to a new trade of business, and

2. That the education expenses incurred will be equal to or greater than the amount reimbursed by the Board of Education.

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

*Signature*  *Date*

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

*Type or Print Name*

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

*School Attending*

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

*Semester Attending* *Year*

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

For: Master’s Program, Graduate Non-Degree, etc.

**Note: This form must be submitted with the fee waiver application.**

*August 2017*