



## 2016-2017 Application Form Tuition Support for Students Pursuing Minnesota Licensure: Blind or Visually Impaired

The Minnesota Low Incidence Projects have funds available to support students pursuing special education licensure in Blind/Visually Impaired who are taking Blind/Visually Impaired specializations courses from an accredited University program during the 2016-2017 school year. These funds are made possible with a grant from the Minnesota Department of Education. The source of the funds is federal award Special Education – Program to States, CFDA 84.027A.

The intent of this tuition support program is to increase the number of available teachers licensed in Blind/Visually Impaired (BVI) throughout our state. *The expectation is that teachers who benefit from this tuition support would then pursue BVI licensure upon completion of course requirements, and actively pursue and/or be available for employment in this capacity.*

### **Applicant Requirements**

The number of students selected for support will depend upon the number of qualified applicants for any given year. Applicants must be current residents of Minnesota who are either currently employed as teachers in Minnesota, or plan on teaching in Minnesota. Applicants must have the signature of their Regional Low Incidence Facilitator *and* Director of Special Education on the application to assist in placement of licensed teachers following program completion.

Participants must be enrolled in an approved University and accredited program that provides coursework toward BVI licensure. The amount of the award is \$200 per graduate credit for approved Blind/Visually Impaired courses. Awards will be granted upon completion of the course(s) following submission of proof of enrollment and program of study, as well as required documentation indicating course completion and receipt of paid tuition at the end of the grant's fiscal calendar year (August/September).

## **Course Requirements & Related Tuition Support**

Course requirements for BVI licensure are dependent upon the applicant's current teaching credentials. If a candidate has other special education teacher licensure, prior transcripts will need to be reviewed by Licensure to identify any additional courses needed to meet overall special education licensure requirements. *However, these courses are not eligible for tuition support unless they are one of the core BVI courses required. Additionally, payment of dropped courses and/or courses that do not meet grade requirements are the responsibility of the applicant.*

## **Timeline**

You may apply at any time during the current school year, although it is strongly recommended that applications are submitted prior to enrollment for courses that are subject to grant support. Applications are reviewed and/or accepted on a first come/first served basis. Regional representation will also be considered. If available funds are depleted for the current school year, new applicants will be put on a waiting list.

## **Application Directions**

1. A completed application packet consists of:
  - a. A **cover letter** to the application presenting the reasons why you would be a good candidate for support as you pursue Blind or Visually Impaired licensure. This includes a brief description of your experiences with students and others with disabilities, particularly those who vision impairments. Letters that contain spelling, grammar, and punctuation errors will negatively affect the evaluation of your application. The letter should be a minimum of one typed page in length.
  - b. A completed and signed **application form**.
  - c. **Signatures** on the application from your Regional Low Incidence Facilitator and your Director of Special Education (not a coordinator or local supervisor).
  - d. A **statement of financial support** describing any tuition, books, fees, etc. supported from other resources.

- e. One **letter of reference** addressing your skills or potential for working as a teacher of students in Minnesota who have vision impairments. This reference should be written by an educational administrator (e.g., special education director, supervisor, principal, Regional Low Incidence Facilitator, or other administrator).
2. Collect all components of the application packet and email to:  
Barb Lhotka, MN Low Incidence Projects  
[barblhotka@embarqmail.com](mailto:barblhotka@embarqmail.com)  
Phone: 612.618.5718
  3. To assure that your application has been received, contact Barb Lhotka if you have not heard back within 7 days of emailing the information.
  4. *Applications will receive priority consideration based on the date of receipt for the given year, as well as geographical representation and other identified criteria outlined below. If funds are limited, applicant requests will be awarded in the order in which they were received.*
  5. Only completed application packets will be reviewed. The quality of the applicant is a necessary condition for an award. As the primary judgment of quality, reviewers will consider (a) your potential to succeed in rigorous special education coursework in vision impairments; (b) your course grades in the specified courses, which must be a letter grade of A or B (or Pass) to qualify for tuition reimbursement; and (c) your potential, upon program completion, to be an effective special education teacher for students in Minnesota who have vision impairments. Your status in an accredited Blind/Visually Impaired licensure program will also be a factor in the decision. Preferences will be given to (a) applicants who received similar support from the Minnesota Low Incidence Projects earlier; (b) those applicants who are starting their programs; (c) those who have already started their programs and are teaching with a limited license and/or variance in Blind/Visually Impaired; and (d) those who have already started their programs but are not yet teaching in this area *in this order*. Finally, your geographical location will also be considered in order to support applicants from around the state.

6. The process for receiving the tuition support for the applicants who are selected will be as follows. Students will: (a) pay for the courses themselves, and (b) complete the courses and provide the Minnesota Low Incidence Projects with *proof of payment and course completion* by no later than September 1, 2017. Documentation can include scanned registrar web documents, which must then be electronically sent as an email attachment. The MN Low Incidence Projects will then process and reimburse the students for the awards specified prior to September 30<sup>th</sup>, unless a special request is made by the student to be reimbursed as soon as a course is completed.
7. Once a candidate submits an application, they will be notified of the status of their application within two weeks of receipt.
8. If an individual's application was previously approved, it is *not* necessary to complete a new application for succeeding school years.

(Application form on next page)

## **2016-2017 Application Form**

### **Tuition Support for Students Pursuing Minnesota Licensure: Blind or Visually Impaired**

Applicant Name:  Date of Application:

Address:

Home/Cell Phone:  Work Phone:

Fax (if available):  Email:

### **EDUCATIONAL BACKGROUND**

1. Undergraduate degree or coursework (institution, major, year):

2. Graduate degree or coursework (institution, degree or subject of coursework, year):

3. Any additional training or coursework that would be relevant to working with students who have physical or health disabilities:

(Application form continue on next page)

## **TEACHING LICENSES**

1. List all teaching licenses held (licensure area, state where issued). Use the correct licensure titles; reference your teaching license if necessary.

2. Are you currently working towards any licenses? If so, list the field(s), the institution providing the preparation, *and your anticipated date of program completion*:

3. If you do not hold a teaching license in a special education field, list special education courses you have taken, particularly courses in physical/health disabilities (course name and number, institution, year taken):

4. Blind/Visually Impaired coursework you have taken/are planning to take during the 2016-17 school year; include course name and number (Fall 2016, Spring 2017, Summer 2017)

5. University of enrollment name and address for your training and primary contact person.

(Application form continue on next page)

## **EDUCATIONAL EMPLOYMENT**

1. Current employment, even if not in education (position, employer, length of employment in this position, name and title of supervisor):

2. Educational employment (positions, employers, length of employment in the position, names and titles of supervisors):

3. Employment experiences working with individuals who are have physical or health disabilities (position, employer, length of employment, names and titles of supervisor):

## **Financial Support Statement**

Are you currently receiving any tuition support, i.e. from your school district, MN Low Incidence Project 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.

(Application form continue on next page)

## Signature Page

My signature below indicates that I am applying for Physical/Health Disabilities coursework tuition support from the Minnesota Low Incidence Projects, *and* that:

- I understand the tuition reimbursement process and requirements; and
- I acknowledge that the purpose of this program is to prepare teachers of students with physical/health disabilities to teach in Minnesota schools, and tuition reimbursement is for those who will be teaching in Minnesota. The Projects 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 Physical/Health Disabilities throughout our state. The expectation is that, as a beneficiary of this tuition support, I would then pursue P/HD licensure upon completion of course requirements, and actively pursue and/or be available for employment in this capacity.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**(Type Name Here)**

**DATE:**

If you have questions about this application, please contact:

Barb Lhotka, MN Low Incidence Projects

Phone: 612.618.5718

[barblhotka@embarqmail.com](mailto:barblhotka@embarqmail.com)

(Signature continue on next page)



**SIGNATURE OF REGIONAL LOW INCIDENCE  
FACILITATOR:**

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**Type Name Here:**

**Region:**  **Date:**

**SIGNATURE OF DIRECTOR OF SPECIAL EDUCATION:**

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**District/Cooperative:**  **Date:**

(Revised 8/3/16)