



Tuition Support for Students Pursuing Minnesota Licensure: Physical/Health Disabilities 2018-2019 Application Form

Tuition Support Project

The Minnesota Low Incidence Projects have funds available to support students pursuing special education licensure in Physical/Health Disabilities who are taking Physical/Health Disability specialization courses during the 2018-2019 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.

Intent of Tuition Support

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 teachers who benefit from this tuition support would then pursue P/HD 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* their Director of Special Education (not a coordinator signature) on the application to assist in placement of licensed teachers following program completion. Participants must be enrolled in an approved University that provides coursework toward P/HD licensure. The amount of the award is \$200 per graduate credit for ***approved Physical/Health Disabilities courses***. Awards will be granted upon completion of the course(s) and following submission of proof of enrollment and program of study, as well as required documentation indicating course completion/transcript and receipt of paid tuition at the end of the grant's fiscal calendar year (end of August for September 30th year end).

Course Requirements & Related Tuition Support

Course requirements for P/HD licensure are dependent upon the applicant's current teaching credentials. If a candidate has other special education licensure, the MSUM graduate



certificate/licensure coordinator will review the transcript and identify any additional courses needed to meet P/HD licensure requirements. ***However, these courses are not eligible for tuition support unless they are one of the core P/HD courses listed below. Additionally, payment of dropped courses and/or courses that do not meet grade requirements are the responsibility of the applicant.***

Acceptable core P/HD courses for partial tuition reimbursement include SPED 523, SPED 547 and P/HD practicum courses. For more information about the P/HD licensure program, refer to the MSUM P/HD Licensure Program brochure on the MSUM webpage for Physical/Health Disabilities Graduate Certificate in Special Education: [P/HD Program](#).

Timelines

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 electronic 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 Physical/Health Disabilities licensure. This includes a brief description of your experiences with students and others with disabilities, particularly those who have physical or health disabilities. 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 (RLIF) 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. You must report all supports on your application to avoid supplanting funds.



- e. One **letter of reference** addressing your skills or potential for working as a teacher of students in Minnesota who have physical/health disabilities. 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 612 618-5718

To assure that your application has been received, contact Barb Lhotka if you have not heard back within 7 business days of emailing the information.

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.
 3. Only completed electronic 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 physical/health disabilities;
 - 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 completion, to be an effective special education teacher for students in Minnesota who have physical/health disabilities.

Your status in a Physical/Health Disabilities 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 special permissions from PELSB in Physical/Health Disabilities; 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.

4. Once a candidate submits an application, they will be notified of the status of their application within two weeks of receipt.
5. The process for receiving tuition support for the applicants who are selected will be as follows. Students will:
 - a. pay for the courses themselves;
 - b. complete the courses through the accredited University;
 - c. provide the Minnesota Low Incidence Projects (Barb Lhotka) with an electronic *proof of payment and course completion/university grade report* by no later than September 1, 2019. 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 30th, unless a special request is made by the student to be reimbursed as soon as a course is completed.
6. If an individual's application was previously approved, it is *not* necessary to complete a new application for succeeding school years.

Complete the information requested on the following pages.

(Revised 12/18)



Tuition Support for Students Pursuing Minnesota Licensure: Physical/Health Disabilities 2018-2019 Application Form

(Please download and save this form under your own name to fill it out and submit.)

Contact Information

Applicant's Name: _____

Date of Application: _____

Address: _____

Personal Phone: _____

Work Phone: _____

Email: _____

Educational Background

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

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

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



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. If not a licensed teacher, proof must be provided that there is a plan for a district/cooperative to hire upon completion of the training program.

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

4. If you do not hold a teaching license in a special education field, list special education courses you have taken (course name and number, institution, year taken):

5. Physical/health disabilities coursework you have taken/are planning to take during the 2018-2019 school year:

Fall 2018: _____

Spring 2019: _____

Summer 2019: _____

Fall 2019: _____

Anticipated completion date: _____



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 with individuals who have physical/health disabilities (positions, employers, length of employment in the position, names and titles of supervisors):

Financial Statement

Are you currently receiving any tuition support, i.e., from your school district, region, MN Low Incidence Project or any other source?

Select YES or NO below:

Yes, if selected enter the source and amount per credit below:

Source: _____ \$ _____

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



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 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 reimbursements 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.

SIGNATURE OF APPLICANT: _____

Type Name Here: _____

DATE: _____

Signature of Regional Low Incidence Facilitator: _____

Type Name Here: _____

DATE: _____

Signature of Director of Special Education: _____

Type Name Here: _____

DISTRICT/COOPERATIVE: _____

DATE: _____

If you have questions about this application, please contact:

Barb Lhotka, MN Low Incidence Projects

barblhotka@embarqmail.com

phone: 612 618-5718