2023-2024 Application Form

**Tuition Support for Students Pursuing Minnesota Licensure: Physical/Health Disabilities**

# 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 2023-2024 school year. These funds are made possible with a grant from the Minnesota Department of Education. The source of the funds is a 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 MN P/HD licensure upon completion of course requirements, and actively pursue and/or be available for employment in this capacity in the state of Minnesota.***

## 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 Tier 3 or Tier 4 special education licensed teachers by a school district or public education agency in Minnesota, or plan on teaching for a school district or public education agency in Minnesota. Applicants must have the signature of their Director of Special Education (not a coordinator signature) *and*  their Regional Low Incidence Facilitator on the application to assist in placement of licensed teachers following program completion. Participants must be enrolled at Minnesota State University Moorhead in the coursework approved for MN P/HD licensure. The amount of the award is $400 per graduate credit for **three specifically *approved Physical/Health Disabilities courses****.* If a candidate is receiving financial grants and/or scholarships from other sources the Low Incidence Projects award will be pro-rated accordingly. 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 each semester** and no later than the grant’s fiscal calendar year-end (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 additional 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 (A, B or Pass) are the responsibility of the applicant. Any financial support received by the applicant outside of the Low Incidence Tuition Support Program must be reported on the application, as the Low Incidence Grant cannot be used to supplant other funds and must only support tuition.***

As a beneficiary of this tuition support, a student is obligated to work as a professional educator for at least 5 years within the disability-specific field of study (P/HD) in a Minnesota school district or special education unit. If the applicant leaves the field before the 5 year mark, they will be required to reimburse the Tuition Support Grant using the following formula:

* 1 year of completed service reimburses 80% of tuition
* 2 years of completed service reimburses 60% of tuition
* 3 years of completed service reimburses 40% of tuition
* 4 years of completed service reimburses 20% of tuition
* 5 years of completed service reimburses no tuition

Payment schedules and payment dates/timelines can be arranged between the applicant and the Low Incidence Grant Office.

Acceptable core P/HD courses for partial tuition reimbursement include SPED 526, SPED 547 and P/HD practicum courses (668). 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](http://www.mnstate.edu/graduate/certificateinspedphysicalhealthdisabilities.aspx?terms=Physical%2fHealth%20Disabilities).

## 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. The Applicant must currently hold Tier 3 or Tier 4 special education licensure in Minnesota.
2. A completed electronic application packet consists of:
	1. 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.
	2. A completed and signed **application form** from the applicant.
	3. **Signatures** on the application from your Director of Special Education (not a coordinator or local supervisor) and your Regional Low Incidence Facilitator (RLIF).
	4. 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 to this federal grant.
	5. 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).
3. Collect all components of the application packet and email to:

Barb Lhotka, MN Low Incidence Projects

**barblhotka@gmail.com** phone: 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.*

1. 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:
	1. your potential to succeed in rigorous special education coursework in physical/health disabilities;
	2. 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
	3. your potential, upon completion, to be an effective special education teacher for students in Minnesota who have physical/health disabilities.
2. Your status in the Physical/Health Disabilities licensure program will also be a factor in the decision. Preferences will be given to:
3. applicants who received similar support from the Minnesota Low Incidence Projects earlier;
4. those applicants who are starting their programs;
5. those who have already started their programs and are teaching with special permissions from PELSB in Physical/Health Disabilities; and
6. those who have already started their programs but are not yet teaching in this area *in this order.*
7. Finally, your geographical location will also be considered in order to support applicants from around the state.
8. Once a candidate submits an application, they will be notified of the status of their application within two weeks of receipt.
9. The process for receiving tuition support for the applicants who are selected will be as follows. Students will:
	1. pay for the courses themselves;
	2. complete the courses through the accredited University (MSUM);
	3. provide the Minnesota Low Incidence Projects (Barb Lhotka) with and electronic *proof of payment and course completion/university grade report* **at the completion of each semester** but no later than September each year.
10. 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.
	1. The candidate’s name and that of MSUM must be included on each document submitted for a claim for tuition support.
11. If an individual’s application was previously approved, it is *not* necessary to complete a new application for succeeding school years.

# 2023-2024 Application Form

**Tuition Support for Students Pursuing Minnesota Licensure: Physical/Health Disabilities**

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

## Contact Information

Applicant’s Name: Click here to enter text.

Date of Application: Click here to enter text.

Address: Click here to enter text.

Personal Phone: Click here to enter text.

Work Phone: Click here to enter text.

Email: Click here to enter text.

## Educational Background

1. Undergraduate degree or coursework (institution, major, year): Click here to enter text.
2. Graduate degree or coursework (institution, major, year): Click here to enter text.
3. Any additional training or coursework that would be relevant to working with students who have physical/health disabilities: Click here to enter text.

## Teaching Licenses

1. List all teaching licenses held (licensure area, state where issued). Use the correct licensure titles; reference your teaching license if necessary. Click here to enter text.
2. 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:* Click here to enter text.
3. 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): Click here to enter text.
4. Physical/health disabilities coursework you have taken/are planning to take during the 2023-2024 and 2024-2025 school years:

Fall 2023: Click here to enter text.

Spring 2024: Click here to enter text.

Summer 2024: Click here to enter text.

Fall 2024: Click here to enter text.

Spring 2025: Click here to enter text.

Anticipated completion date: Click here to enter text.

1. Enrolled at Minnesota State University—Moorhead yes [ ]  no [ ]

Advisor name Click here to enter text. and email Click here to enter text.

## Educational Employment

1. Current employment, even if not in education (position, employer, length of employment in this position, name and title of supervisor): Click here to enter text.
2. Educational employment (positions, employers, length of employment in the position, names and titles of supervisors):

Click here to enter text.

Click here to enter text.

Click here to enter text.

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

Click here to enter text.

Click here to enter text.

## Financial Statement

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

[ ]  Yes, if checked enter the source and amount per credit: Source: Click here to enter text. $Click here to enter text.

[ ]  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 of 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 MN P/HD licensure upon completion of course requirements, and actively pursue and/or be available for employment in this capacity in Minnesota for a minimum of 5 years.

**SIGNATURE OF APPLICANT:** Click here to enter text.

 Type Name Here: Click here to enter text.

 DATE: Click here to enter text.

**SIGNATURE OF DIRECTOR OF SPECIAL EDUCATION:** Click here to enter text.

 Type Name Here: Click here to enter text.

 DISTRICT/COOPERATIVE: Click here to enter text.

DATE: Click here to enter text.

**SIGNATURE OF REGIONAL LOW INCIDENCE FACILITATOR:** Click here to enter text.

 Type Name Here: Click here to enter text.

 DATE: Click here to enter text.

If you have questions about this application, please contact:

Barb Lhotka, MN Low Incidence Projects

**barblhotka@gmail.com**

phone: 612.618.5718