

Bedford County Public Schools
**TUITION ASSISTANCE PROGRAM
(TAP)**



Tuition Assistance Application Form
School Year **2018-2019**

Applicant's Name (please print): _____

Position: _____ Teacher _____ Support Staff _____ Administrator

Work Site (school or SBO): _____

Applicant's License: _____ Expiration: _____

Current Endorsements(s): _____

List: Course Title, Code Number, College/University, Credit Hours, & Date of classes
(e.g. Public Policy, LS 806, Lynchburg College, 3.0 credit hrs, June – August 2012)

Applicant's Signature: _____ Date: _____

Supervisor's Signature*: _____ Date: _____

* Principals applying for TAP funds, please have your supervising Director sign.

When you are ready to seek reimbursement, please return copy of this form with (1) tuition payment receipt, (2) documentation of course completion with your passing grade, along with your completed (3) Bedford County Non-Travel Reimbursement form.

For Instruction Office Only:

_____ Approved out of _____ Title Funds _____ Local Funds OR _____ Not Approved

approved for \$1000.00 approved for \$500.00 approved for the amount _____

Director of Instruction: _____ Date: _____

Bedford County Public Schools does not discriminate on the basis of race, color, national origin, sex or disability in its programs, activities, or employment practices, as required by Title VI, Title IX, and Section 504. The person responsible for the coordination of the school division's efforts to meet its obligations under Section 504 and Title IX, and their implementing regulations will be Dr. Fred Conner, Director of Human Resources, P.O. Box 748, Bedford, VA 24523.



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