



**GREENVILLE PUBLIC SCHOOL DISTRICT  
APPLICATION FOR TITLE II FUNDS  
2024-2025**

Participants must be current employees of the Greenville Public School or Affiliated Parochial/Private Schools. Participants must agree to remain an employee of the Greenville Public School District or Affiliated Parochial/Private School for at least two (2) years after date of financial support or after certification is obtained. If employment is terminated (voluntarily or involuntarily) prior to the end of the two (2) years commitment, participant must reimburse all monies paid toward financial support.

**Application Deadline: Eight Weeks prior to start of Accredited College/University term**

Name: \_\_\_\_\_ Student Identification #: \_\_\_\_\_

Base School: \_\_\_\_\_ Present Assignment: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Years Employed in the District/Affiliated School:  
\_\_\_\_\_

University/College you will be attending:  
\_\_\_\_\_

**Name of Course(s) to be taken from August 2024-May 2025 (Limited to two (2) courses or up to \$3,000.00, whichever is least expensive):**

1. Course Name: \_\_\_\_\_ ( ) undergraduate ( ) graduate
2. Course Name: \_\_\_\_\_ ( ) undergraduate ( ) graduate
3. Semester: ( ) Fall 2024 ( ) Spring 2025 ( ) Summer I 2025 ( ) Summer II 2025

**• In the event that changes are needed, written approval must be granted by the Office of State and Federal Programs.**

**Reasons for requesting Title II Funds. Circle the bullet that applies to your choice:**

- I am currently employed on a certification and need additional \_\_\_\_\_ college/university courses for permanent certification and/or I need to take the \_\_\_\_\_ Praxis examination and or \_\_\_\_\_ ACT examination

**For Fall Courses, Title II Application must be submitted by July 31, 2024.  
For Spring Courses, Title II Application must be submitted by November 30, 2024.  
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- I am a certified teacher and I need college/university courses to pursue certification in library media, math, science, ELA, and/or social studies.
- I am a teacher and I need college/university courses for continuation of my current (permanent) license which expires \_\_\_\_\_ (Date)
- I am a paraprofessional with sixty or more college/university hours and would like to pursue a degree in the area of current endorsement.
- I am a practicing administrator who desires college/university courses.
- I am a \_\_\_\_ practicing teacher or \_\_\_\_ counselor who desires college/university in the area of current endorsement.

**AGREEMENT**

If I fail to make a passing score (“C”) for graduate and undergraduate courses), withdraw from the course, or am no longer employed by the Greenville Public School District, or its affiliated schools, I understand that my tuition will not be paid. If the tuition is paid by the GPSD in advance, then I will be financially responsible for these fees and am agreeing for the GPSD to deduct these fees from my payroll check. **I also understand that if grant or student loan funds are used to pay for these classes, the GPSD will not pay the tuition. If these fees are paid by the GPSD in error, I am agreeing for the GPSD to deduct these fees from my payroll check.** Within **two weeks** of completion of the course (s), I agree to submit the following to GPSD Office of State & Federal Program.

- An **official** copy of the transcript showing completion of the course (s) listed above
- A detailed billing statements

I truthfully acknowledge that the above course (s), I agree to submit the following to the GPSD Office State & Federal Program.

I understand the above guidelines and agree to abide by them for participation in the Payment/Reimbursement Program

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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**CERTIFICATION**

After consultation with the employee, I certify that the above information is correct.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

This is to certify that the above individual is a current employee of the Greenville Public School District or its affiliated schools.

\_\_\_\_\_  
**Human Resources Director**

\_\_\_\_\_  
**Date**

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*For OSFP Use Please*

**check the appropriate space:**

\_\_\_\_\_ This is to verify that the above individual's application has been **approved**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ This is to verify that the above individual's application has been **denied**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reasons for Denial of Application:**

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

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