

## Funding Criteria for Tuition Reimbursement

The criteria used to determine eligibility of an applicant for financial support from ODE/ABLE for tuition is as follows:

- The applicant is requesting funds for coursework, the contents of which are DIRECTLY RELEVANT to the applicant's position in ABLE.
- The applicant is a paid ABLE staff member who works 7 or more hours per week and has been employed by ABLE for at least one year.
- The applicant has submitted the application form at least two weeks prior to beginning course.
- The applicant has submitted an original receipt showing proof of payment and documentation of a grade of C or higher within four weeks of coursework completion.
- The applicant has not already requested funds for a state or national conference (excluding OACE) or tuition during this program year or has not exceeded the total allowable amount for the activity.
- The applicant is not already receiving support or payment from any other source at or exceeding the full conference or tuition cost.
- The applicant has secured the program director's signature assuring that the applicant should be granted reimbursement for the activity based on the above criteria.
- Tuition reimbursement will not exceed \$250 per applicant per program year and is dependent upon the availability of funds for that activity at each ABLE Regional Resource Center.

### Steps Required for ABLE Staff to Receive Reimbursement

1. Complete and submit the Application for Tuition Reimbursement with appropriate signatures to the Central/Southeast ABLE Resource Center at least two weeks prior to beginning coursework.

A Tuition Reimbursement Status form will be mailed upon Resource Center's receipt of application to inform you of your request approval or denial.

2. Within four weeks of coursework completion, mail the ORIGINAL receipt showing payment and documentation of grade earned to the Central/Southeast ABLE Resource Center, 338 McCracken Hall, Athens, OH 45701.

### Application for Tuition Reimbursement

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ABLE employer \_\_\_\_\_ Your position \_\_\_\_\_

Employer address \_\_\_\_\_ Phone \_\_\_\_\_

Course provider \_\_\_\_\_ Location \_\_\_\_\_

Course title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Is this course part of a degree plan? \_\_\_\_\_ If so, degree title \_\_\_\_\_

Was this identified as a need on your Individual Professional Development Plan (IPDP)? \_\_\_\_\_

Have you previously requested reimbursement through the Resource Center Network during this program year? \_\_\_\_\_ Did you receive it? \_\_\_\_\_ For what activity? \_\_\_\_\_

Describe how this course is relevant to your position with ABLE \_\_\_\_\_

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Tuition fee \$ \_\_\_\_\_

Monetary support from sources other than ABLE \$ \_\_\_\_\_

The amount of reimbursement requested from ABLE \$ \_\_\_\_\_

I assure that the above information is correct to the best of my knowledge and understand that reimbursement is contingent upon my meeting the criteria established by the Ohio Department of Education for reimbursement and upon the availability of funds.

Employee Signature \_\_\_\_\_

I assure that the above staff member is entitled to reimbursement for the conference or course identified in light of the criteria established by the Ohio Department of Education concerning reimbursement.

Director signature \_\_\_\_\_