

If you have any questions, please send an e-mail to giftedcenter@bsu.edu.

**Indiana Department of Education, Office of High Ability
Partial Tuition Reimbursement for High Ability Licensure Completion
June 15, 2015 – December 15, 2018**

***NOTE: Eligible applicants must obtain their license during the grant period listed above. Applicants who receive their license outside of this time frame are not eligible.**

PLEASE TYPE OR PRINT ALL INFORMATION

Name: _____ Date: _____

Street Address: _____ City _____ Zip _____

Phone: (____) _____ E-mail: _____

Public School Corporation: _____ School: _____

Person/public school corporation to whom distribution check should be made out: _____

Do you currently work with students with high ability? _____ In what capacity? _____

List any previous courses you have taken in high ability education below (attach a separate page if necessary):

Course Title and Number*	Semester & Year Taken*	University*

*An official transcript is required to verify previous course(s) taken. Contact the Registrar's Office of your institution.

List any previous course reimbursements through the Partial Tuition Reimbursement for High Ability Licensure Program (attach a separate page if necessary):

Course Title and Number*	Semester & Year Taken*	University*	Amount Received (if known)

NOTE: A completed [W-9 Form](#) is required in order for check disbursement to be made to the applicant. If checks will be distributed to the school corporation instead, no W-9 is required; The Taxpayer Identification Number (TIN) and signed acknowledgement below is required.

By signing below, the applicant verifies that the information included above and attached is complete and correct.

Applicant signature _____ Date _____ Position _____

By signing below, the supervisor is verifying this applicant has responsibility for curriculum and instruction for Indiana public school students identified as having High Ability.

K-12 Supervisor signature _____ Date _____ Position _____

For corporation check disbursement only:

By signing below, the corporation representative certifies that the corporation paid for the applicant's coursework listed above and requests reimbursement to the corporation. **Please include receipts or other documentation to substantiate payment.**

Corporation Representative signature _____ Date _____ Position _____

Corporation Taxpayer Identification Number: _____

Mailing address for check disbursement: ATTN: _____

Return the completed application, transcripts, and license documentation no later than **December 15, 2018**

Center for Gifted Studies & Talent Development
Ball State University (TC 928-B)
Muncie, IN 47306
765-285-5390
giftedcenter@bsu.edu

Application Checklist:

_____ Completed Application

_____ Official, sealed transcripts documenting course completion

_____ Indiana CORE Assessment Verification Form from your university licensing advisor (*please deliver form on page 3 to your university licensing advisor for signature*)

For checks dispersed to applicants:

_____ Signed W-9 Form submitted with application for applicants

For checks dispersed to corporations:

_____ Receipts or other documentation to substantiate reimbursement

Funds are dispersed on a first come, first served basis. Early application is strongly recommended.

Indiana CORE Assessment Verification for University Licensing Advisor**

The student listed below is applying for the Indiana Department of Education Partial Tuition Reimbursement Program for High Ability Licensure Completion. In order to apply for this grant, applicants must submit an application and documents to verify that they have completed all required coursework and passed the new IN Core Assessment test required for high ability licensure in the state of Indiana. By signing below, the university licensing advisor certifies that the student listed has received a passing score on the Indiana CORE Assessment in High Ability.

Upon completion, applicants may either submit a hard copy of this signed form with their application or send an electronic copy to giftedcenter@bsu.edu. Completed forms can be sent by the applicant or directly by the university licensing advisor.

If mailing, please use this address:

Center for Gifted Studies & Talent Development
Ball State University (TC 928-B)
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Student Name: _____

Previous names/maiden names: _____

University: _____

Date of test: _____

University Licensing Advisor (Printed)

University Licensing Advisor (Signature)

Date

University stamp/seal

****Applicants should submit this form to their university licensing advisor for completion.**