

**Application for SASD Tuition Assistance
for the RITE Parahybrid Program**

I, _____, will fully participate in and complete the RITE Parahybrid Program to receive Cross-Categorical Special Education Teacher certification.

Please describe here or attach a sheet describing why you are interested in pursuing a Cross-Categorical Special Education certification and why you should be considered for Tuition Assistance.

I, _____, agree to repay a prorated amount should I resign from my position with the Sheboygan Area School District prior to the completion of three (3) years after the completion of obtaining licensure.

Repayment requirements:

- If leaving the SASD prior to completing program or within the first year of completing program 100%
- If leaving the SASD after 1 year of completing program 67%
- If leaving the SASD after 2 years of completing program 33%
- If leaving the SASD after 3 years of completing program 0%

I, _____, am entering into this agreement with the Sheboygan Area School District voluntarily and have been provided the opportunity to ask questions related to this matter.

Employee Signature

Date

Human Resources Signature

Date