

MILLARD MONTESSORI PARENT EDUCATION ASSOCIATION (MMPEA)
Tuition Reimbursement/Grant Application and Guidelines Packet

Guidelines/Provisions (part 1 of 3)

The Millard Montessori Parents Education Association, Inc. (MMPEA) wishes to encourage growth and development of the teachers who are involved with the children in the Montessori Program. Our support extends to financial assistance for Montessori professional development/training as well as items/activities that comply with Millard Public Schools Spending Restrictions for Parent Teacher Associations. These guidelines can be viewed at our website MMPEA.org.

Employee Eligibility:

To take advantage of assistance, an individual must be a current teacher in the Millard School District who works directly with children in the Montessori Program.

Available Funds:

MMPEA may assist with costs incurred for Montessori based conferences or classes or items and services permitted according to Millard Public Schools district policy. This will be determined based on available MMPEA funds, Millard Public Schools grants/tuition/reimbursements, and teacher expense.

Recipient's Obligations:

Any teacher receiving assistance from MMPEA will be asked to continue employment for one year after the receipt of assistance under this program. If this obligation is not fulfilled, the Millard Montessori Parents Education Association, Inc. shall be reimbursed in the amount commensurate to the time not fulfilled.

Reimbursements will be paid only after grant-approved billing or receipts are received by the MMPEA Treasurer.

The Parents of the MMPEA are happy to support your professional development and are eager to learn more about Montessori as well. We kindly request that you provide insight on the topic of your professional development/training at a future MMPEA meeting.

Upon completion of your training or schooling, we also ask that you send a copy or fax of your certificate of completion or transcripts to the MMPEA Treasurer.

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Application Process for Tuition/Grant Assistance:

1. **Requesting Teacher** will:
 - a. Sign the Agreement of Understanding.
 - b. Complete the information on the Tuition Reimbursement/Grant Application
 - c. Attach fees schedule/tuition statement from the institution that is providing training. In the case of items purchased, attach billing or receipts.
 - d. Give to the Liaison of Montessori Public Schools/Special Programs Coordinator.
 - e. Share information, at a future MMPEA meeting, about the education/training program you attended.
 - f. Send copy of transcripts or certificate of completion to the MMPEA Treasurer.

2. **Liaison of Montessori Public Schools/Special Programs Coordinator** will:
 - a. Determine if the request is appropriate for assistance from MMPEA.
 - b. Upon approval of the request, the Liaison will submit the Non-Tuition Based Reimbursement Request and a copy of any billing to the current Officers of the Millard Montessori Parents Education Association, Inc.
 - c. If the request is not approved, the requesting teacher will be informed in writing and a copy of the request will be given to the current Officers of the Millard Montessori Parents Education Association, Inc.

3. **The Officers of the Millard Montessori Parents Education Association, Inc.** will:
 - a. Determine if funds are available for payment of Tuition Reimbursement/Grant Application.
 - b. If funds are available, the approval date will be noted on the request and returned to the Liaison of Montessori Public Schools/Special Programs Coordinator and the teacher, indicating the amount of tuition reimbursement/grant.
 - c. If the request(s) submitted is/are more than the funds available, the Officers will determine the amount available. A written explanation of the amount of money that can be disbursed for the Tuition Reimbursement/Grant Application will be sent to the Liaison of Montessori Public Schools/Special Programs Coordinator and the Teacher.
 - d. **The Treasurer of MMPEA** will make payment directly to the teacher after billing/receipts are received.

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Agreement of Understanding (part 2 of 3)

In consideration of financial assistance I have requested from the Millard Montessori Parents Education Association, Inc., I acknowledge and agree that:

1. I have read and understand the provisions of the Tuition Reimbursement/Grant Application Guidelines and agree to be bound by its terms.
2. I am aware of my obligations with respect to the Montessori Tuition Reimbursement/Grant Application Guidelines. Based on the Recipient's Obligation section of the guidelines, I agree to repay any assistance paid by the Millard Montessori Parents Education Association, Inc. if I should terminate my employment within one year of the last payment of financial assistance.
3. I agree to share, at a future MMPEA meeting, information about the Montessori training or conference I attended.
4. I agree to send a copy of transcripts or certificate of completion to the MMPEA Treasurer.

(Print or Type Name)

(Social Security Number)

(Signature)

(Date)

**Execute in duplicate. Retain a copy for your file and return original to:
The Liaison /Special Programs Coordinator of Montessori Public Schools.**

The Agreement of Understanding must be signed by the teacher and received by the Millard Montessori Parents Education Association, Inc. prior to payment of financial assistance. While Millard Montessori Parents Education Association, Inc. intends to continue this program

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indefinitely, it reserves the right to terminate or amend any or all of the Montessori Assistance
Program Guidelines.

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Application (part 3 of 3)

Complete by Requesting Teacher:

Date Requested: _____ Assistance Amount Requested: _____

Teacher's Name: _____

Teacher's financial commitment _____

Millard Public School's Financial Commitment _____

Please give a brief explanation of event, item and/or level of reimbursement as well as how this will benefit the Montessori Program:

Event/Class Dates _____

Completion Date: _____

Teacher's Signature agreeing to the terms of this request:

_____ Date: _____

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Complete by Liaison/Special Programs Coordinator of Montessori Public Schools:

Date Approved: _____ OR Denied: _____

If denied, please explain:

Administrator's Signature: _____

Complete by Millard Montessori Parents Education Association, Inc. Board:

Date Approved: _____ Amount Approved: _____

OR- Date Denied: _____ Reason denied: _____

If denied, please explain:

President's Signature: _____

Date Billing/Receipts Received: _____

Date Payment Made: _____