



The Delta Kappa Gamma Society International
Louisiana State Organization

**Request for Reimbursement for
Praxis, Alternate State Assessment,
National Board Re-certification**

***Requests can be made at any time during the year.**

Please print or type all information.

Attach a recent photo
to your emailed
request.

A member who applies for a scholarship must submit the current application that can be obtained in the Forms section of the Louisiana State web site at <http://www.ladkg.org>. The completed application and letters of recommendation must be emailed to the **Chairman of the State Scholarship Committee: Barbara Richard. (richardbarbara9@gmail.com)**

Review Request for Praxis Reimbursement Guidelines which are listed under Forms in the Scholarships section on the State Website (guidelines appear under **The Eleanor Blatterman Scholarship for Praxis test or Alternate State Assessment reimbursement**). Follow these guidelines as you prepare your request for reimbursement.

1. An applicant can be currently teaching in the subject area for which the Praxis test, Alternate State Assessment or National Board Recertification was taken or expect to be teaching in the subject area in the near future.
2. A copy of the applicant's receipt of payment for the Praxis test or Alternate State Assessment must be attached to the request.
3. A copy of the applicant's passing scores for the Praxis test, Alternate State Assessment or statement of recertification from the National Board must be attached to the request.
4. The verification form (provided below) must be signed and dated by a representative of the applicant's school board to verify that the applicant's school board does not reimburse for the cost of the Praxis test or Alternate State Assessment. The applicant may complete the information and ask the representative to sign it for her.
5. An applicant is encouraged to attend the Louisiana State DKG Convention in March, where she will be recognized as a recipient of the scholarship award.

Part I. Personal Data

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Part II. Educational Background

Name of Institution	Dates of Attendance	Degree/Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field(s) of Specialization _____

Part III. Delta Kappa Gamma Involvement

Present Chapter _____ District _____

Initiation date _____ Chapter of Initiation _____

Has your membership been continuous? _____ If no, please explain. _____

List offices held – specify if level is chapter, state, regional, or international

Office	Level	Date
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Committee Chairmanships held – specify if level is chapter, state, regional, or international

Committee	Level	Date
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Part IV. Overview of Request

I am applying for reimbursement for **passing** the following Praxis test or Alternate State Assessment:

at a cost of \$ _____. Please briefly explain the reason for taking this Praxis test or Alternate State Assessment (i.e. currently teaching in a field you are seeking certification, seeking to go into a new field or area in the future, etc).

Part IV. Professional Experience and Involvement

Total number of years in educational profession _____ in Louisiana _____

Experience: List, in chronological order, positions held. Include teaching, supervisory, administrative, and other professional positions.



To the members of the Scholarship Committee of Louisiana State Organization of The Delta Kappa Gamma Society International:

_____ passed the _____.
(Name) (Name of Praxis test or Alternate State Assessment)

The cost of the Praxis test or Alternate State Assessment was \$ _____.

The _____ School Board does not reimburse school employees for the cost of a Praxis test or Alternate State Assessment.

Printed name of School Board employee, title

Telephone Number

Signature of School Board employee, title

Date