**Diocese of Wheeling-Charleston**

**Department of Catholic Schools**

**Continuing Education Units (CEU’s) of Principal or Teacher**

**Application for Course Costs Reimbursement**

**DO NOT SUBMIT THIS REQUEST UNTIL AFTER COURSE IS COMPLETED**

Name of School & City

Name of Person Applying for Reimbursement

Person applying for reimbursement has been employed in a Catholic school in the Diocese of Wheeling-Charleston for **\_\_\_\_years** (Completion of at least one full school year is required for any reimbursement.).

Course Name

Course Provider (i.e. university, workshop, on-line company)

What did you receive for completing this course/workshop? (i.e. certificate, CEU/credits)

Total tuition/fee for the course/workshop/seminar is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Amount of reimbursement received through any other source is $ \_\_\_\_\_\_\_\_\_\_\_.

***Reimbursement from the DWC will be 25% of course fee to a maximum of $250 per course per applicant.***

I understand that the Diocese, through the Department of Catholic Schools, will reimburse me for 25% of the cost of this course/workshop/seminar (not to exceed $250) after I complete it. I understand that any additional costs related to the taking of this course/workshop/seminar will be my responsibility and will not be reimbursed.

***Note: Check will be payable to your school. Your principal will reimburse you upon receipt.***

Signature of Applicant Date

Principal’s Signature (if not applicant) Date

**Please mail application and REQUIRED documentation to:**

Julie Link -- Department of Catholic Schools -- P. O. Box 230 -- Wheeling, WV 26003

**REQUIRED DOCUMENTATION: A PLUS B *or* C**

**A.\_\_\_**Fee/Tuition Bill **+**  **B.\_\_\_**Copy of Transcript/Grade Report ***or*** **C.\_\_\_**Copy of Attendance Certificate

**Only this form will be accepted beginning August 2016.**

**Please use one form per course. Form may be copied as needed.**