

General Enrollment Fee Waiver Request

This waiver is being offered to administrators and teachers who work with students in grades 7-12 from Allen, Byng, Milburn, Roff, Stonewall, Tupelo, Vanoss and Wapanucka school districts.

East Central University will waive two-thirds of the general enrollment tuition for each credit hour enrolled.

Graduate students can have \$695.52 of tuition waived each year (\$86.99 per graduate credit hour x 8 hours = \$695.92).

Undergraduate students can have \$535.44 of tuition waived each year (\$66.93 per graduate credit hour x 8 hours = \$535.44).



WAIVERS ARE OFFERED ON A FIRST-COME, FIRST-SERVE BASIS AND ARE LIMITED TO FUNDS MADE AVAILABLE AS AN IN-KIND CONTRIBUTION BY EAST CENTRAL UNIVERSITY.

Name _____ Social Security Number _____

Home Address _____

Home Phone _____

Personal E-mail address _____

School E-mail address _____

Place of Employment (School) _____

What classes do you teach? _____

Teaching Grades (circle all that apply) 7 8 9 10 11 12

I am working towards (circle one): Bachelor's Degree Master's Degree

Certification _____

What area of study are you pursuing? _____

Circle the semester you are requesting waiver: Fall Spring Summer

PLEASE FAX: A completed fee waiver request form, a signed in-kind contribution report, and a copy of your enrollment to the TEAM GEAR UP office at 580-559-5776.

Fee Waivers must be completed and returned to the TEAM GEAR UP office within two weeks after the start of the semester in which you have enrolled. If you have questions, please call Mike Cox at 580-559-5773.

Signature of Person Requesting Waiver

Date

Mike Cox, TEAM GEAR UP Director

Date

East Central University
In-Kind Contribution Report

Circle the semester are you spending in professional development: Fall Spring Summer

Time Spent in Professional Development

Credit hours: Please enter the number of credit hours you are taking this semester.

Number of week's classes meet: Please enter the number weeks you are attending classes.

Pay rate: We will enter the rate of pay.

_____ credit hours x _____ number of weeks classes meet x _____ pay rate = _____ total

Time Spent Traveling to Professional Development

Travel time: Please enter the number of hours or fraction of hours traveling from your home to ECU.

Weekly trips: Please enter the number of trips you travel to classes each week.

Week's classes meet: Please enter the number of weeks your classes meet this semester.

Pay rate: We will enter the rate of pay.

_____ travel time x _____ weekly trips x _____ weeks classes meet x _____ pay rate = _____ total

Transportation Expenses Traveling to Professional Development

Miles traveled: Please enter the round trip miles or fraction of miles traveled from your home to ECU.

Weekly trips: Please enter the number of times each week you attend classes.

Week's classes meet: Please enter the number of weeks your classes meet this semester.

_____ miles traveled x _____ weekly trips x _____ weeks classes meet x .585 cents/mile = _____ total

Cost of Books, Supplies and Materials for Professional Development

Cost of books: Please enter the cost or estimated cost of text books for your classes this semester.

Cost of supplies: Please enter the cost of any supplies or materials needed for your classes.

_____ cost of books + _____ cost of supplies and/or materials = _____ total

Total In-kind Contribution

To Be Completed by ECU GEAR UP Director

Summer _____ credit hours x \$ _____ per hour = \$ _____ Maximum Reached _____

Amount remaining for fall semester \$ _____

Fall _____ credit hours x \$ _____ per hour = \$ _____ Maximum Reached _____

Amount remaining for spring semester \$ _____

Spring _____ credit hours x \$ _____ per hour = \$ _____ Maximum Reached _____