

SHARS (School Health and Related Services) Scholarship Program Seminole ISD

Overview of Program

SHARS (Student Health and Resource Services) is a Medicaid reimbursement for direct services for special education students who are Medicaid eligible. Seminole ISD receives SHARS reimbursement for a variety of services including speech, physical, and occupational therapy as well as nursing and diagnostician services for eligible students. Seminole ISD has chosen to set up a scholarship program with the funds reimbursed to the district for these services by Medicaid. The scholarship program is designed to assist current Seminole ISD employees financially as they pursue teaching degrees or additional certifications that will benefit the students of Seminole ISD. The SHARS Scholarship Program will reimburse approved applicants for tuition, books, and related fees. The Seminole ISD Board of Trustees has determined that this program serves a public purpose and provides an educational benefit to Seminole ISD.

Eligibility Criteria

- Applicant has completed at least one year of employment with Seminole ISD.
- Applicant has met or exceeded expectations on applicant's three most recent district performance evaluations.
- Eligible applicants include non-degreed personnel seeking to become certified teachers. Applicants must be classified as at least a junior and be accepted in a College of Education Teacher Certification Program to be eligible **or** must provide proof of application for financial aid through FAFSA and the Educational Aide Tuition Exemption Program.
- Undergraduate students seeking initial teacher certification are not required to be current employees if they have at least two years of prior experience with Seminole ISD in any assignment.
- Graduate students must maintain employment with Seminole ISD to be eligible.
- Scholarships will be targeted for beginning teacher certification, graduate degrees in secondary content areas, and TExES testing /Alternative Certification in areas of district need (ie Educational Diagnostician, Speech Language Pathologist, ESL).

Application Process

- Applications are available at the office of the Assistant Superintendent.
- Completed applications must be returned in accordance with the application deadline specified in these guidelines to the office of the Assistant Superintendent.
- The SHARS Scholarship Committee will review applications and approve/deny funding.
- Recipients will be responsible for paying for the requested courses, TExES fees, etc. and will be reimbursed after providing documentation of successful completion.
- Recipients requesting a reimbursement for personal funds must complete the Request for Reimbursement/SPSFCU Loan Repayment form. Receipts and documentation of successful completion must be attached.
- Recipients may apply to borrow the needed fees from the Seminole Public Schools Federal Credit Union (SPSFCU) by specifying that they are a SHARS Scholarship recipient. Applicants must complete a loan application and be approved through the loan application process of the Seminole Public Schools Federal Credit Union. The loan will be set up as a balloon payment due at the end of the semester or after the certification process. Upon successful completion of the course or certification requirements and submission of the Request for Reimbursement/SPSFCU Loan Repayment Form, the SHARS Scholarship

Program will pay the loan balance including interest. If the recipient does not successfully complete the course or certification requirements, the loan will remain the obligation of the recipient.

- All applications will be reviewed and approved or denied by the 20th day after the application deadline.

Application Deadlines

- Fall Semester Apply by August 1
- Spring Semester Apply by December 1
- Summer Semester Apply by May 1

Committee

- All applications will be reviewed and approved or denied by the SHARS Scholarship Committee.
- The committee will consist of the Director of Special Education, Assistant Superintendent, and High School Principal of Seminole ISD.

Recipient Obligations

- Scholarship recipients will be reimbursed for tuition, fees, and books upon successful completion of the course or certification requirements.
- Recipients taking college courses must maintain a grade of 2.0 or above to be eligible for reimbursement.
- Scholarship recipients must agree to work for Seminole ISD for a period of two years after successfully completing certification/education.
- Failure to complete two years of employment with Seminole ISD will result in the recipient being required to repay all money reimbursed by Seminole ISD for the certification/education process.
- Recipients may apply in other districts if no positions are available for which they are qualified to teach. In this situation, the recipient is not obligated to repay Seminole ISD the above mentioned funds.
- If the recipient resigns from the district prior to completing the certification/education process, the recipient will be required to repay all money reimbursed by Seminole ISD for the certification/education process.

Availability of Funding

- All scholarship reimbursements are subject to the availability of funds.
- If sufficient funds are not available to meet all requests, the committee will prioritize the application requests according to district areas of need.
- Reimbursement will begin with expenses incurred for the fall semester of 2001/2002.
- Requests for reimbursements must be received no later than 45 days after the course or exam is completed.

SHARS Scholarship Application

Date _____

Name: _____

Estimated Amount: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

of Years Employed by SISD _____

Assignment: _____

College/University _____

Scholarship request for:

Course(s)/Certification Area

- Undergraduate course(s)
- Graduate course(s) (specify content area)
- Certification (specify certification area)

Date request is needed:

- Fall semester (specify year) _____
- Spring semester (specify year) _____
- Summer semester (specify year) _____
- TExES (test date) _____
- Other (specify date) _____

Applicant's Signature

Date

Scholarship Committee Recommendation:

Committee Signatures/Date

- Approve
- Deny

***Return completed form to Assistant Superintendent.

SHARS Scholarship Program
Request for Reimbursement/SPSFCU Loan Repayment

Name: _____ Date: _____

Reimbursement request for: _____ Amount: \$ _____

Reimbursement to Applicant

Loan Repayment to SPSFCU

Educational Work Completed:

Undergraduate course(s) _____

Graduate course(s) (specify content area) _____

Certification (specify certification area) _____

Date of completion:

Fall semester (specify year) _____

Spring semester (specify year) _____

Summer semester (specify year) _____

TExES (test date) _____

Other (specify date) _____

· The following items **MUST** be attached for reimbursement:

· Receipts (tuition, fees, textbooks)

· Documentation of successful completion or course of certification requirements

Applicant's Signature

Date

Requests for reimbursements must be received no later than 45 days after the course or exam is completed.

***Return completed form to Assistant Superintendent.

SHARS Scholarship Program
Receipt of Policy

I have received a copy of the guidelines and procedures for the SHARS Scholarship Program. I understand that all scholarships are subject to availability of funds and may be prioritized to best meet the identified needs of the district. I understand that requests for reimbursements must be received no later than 45 days after the course or exam is completed. I also understand and agree that upon reimbursement of my eligible fees I am obligated to work for Seminole ISD for a period of two years if an opening exists for which I am qualified. I further understand that if I choose to not accept an available position, if I resign from my employment with Seminole ISD before the certification/education process is complete, or if I accept a position, but do not maintain employment with Seminole ISD for a period of two consecutive years following my award from the SHARS Scholarship Program, I will be obligated to repay the funds reimbursed to me by the SHARS Scholarship Program. In the event that I do not accept an available position and/or do not maintain employment for two consecutive years with Seminole ISD, I hereby authorize Seminole ISD to withhold any funds reimbursed to me by the SHARS Scholarship Program from my final paychecks from Seminole ISD.

Applicant's Signature

Date