

# Diagnostician/LSSP Scholarship Application

Any currently employed Conroe ISD teacher who meets the eligibility requirements, who is enrolled in a graduate program, and who is interested in being considered as an applicant for the Conroe ISD Diagnostician/LSSP Scholarship is to complete this application in its entirety.



**Email applications to [HRrequests@conroeisd.net](mailto:HRrequests@conroeisd.net)**

*Applications are due December 1st for the spring semester, May 1st for the summer semester, and August 1st for the fall semester.*

## Personal Background

Name \_\_\_\_\_ EIN \_\_\_\_\_

Current Position \_\_\_\_\_ Campus \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone numbers Home \_\_\_\_\_ Campus \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Educational Background (Please list all applicable information.)

Institution/Location	Dates Attended	Course of Study/ Major	Hours Earned	Degree & Date Awarded	GPA

## Work Experience

District/Campus	Dates Employed	Grade and Subjects

## Leadership Experience

District/Campus	Dates	Description

**I understand that this is an application for a scholarship award for which a maximum of \$500.00 for six registered hours per semester at an accredited university may be awarded, pending available grant funds.**

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_  
*Printed Name* *Signature* *Date*

# Teacher to Diagnostician/LSSP Application

This agreement is entered into by and between the Conroe Independent School District ("District"), Conroe, Texas and \_\_\_\_\_ ("Teacher") concerning the financial assistance associated with obtaining a Master's Degree in Special Education with an Educational Diagnostician Endorsement or a Master's Degree in a related field with a valid license as a specialist in School Psychology from the Texas State Board of Examiners of Psychologists.

- WHEREAS, the District places great importance on Diagnosticians and LSSPs having met state certification requirements;
- WHEREAS, the District's Five Year Improvement Plan requires the District to ensure the recruitment, development, retention, and support of a "highly qualified" faculty and staff;
- WHEREAS, the District's Five Year Improvement Plan requires the District to employ staff who have an endorsement as a diagnostician or LSSP in order to provide the necessary instruction and support services to students in need of related services;
- WHEREAS, it is in the public interest for the District to provide Teachers with the financial support, contingent on Title Grant funding, to receive such training and be employed by the District as a Diagnostician or LSSP;
- WHEREAS, Teacher has met eligibility and agrees to participate in this scholarship program and become a Diagnostician or LSSP;

NOW, THEREFORE, the parties agree that

1. Teacher agrees to attend an accredited university beginning \_\_\_\_\_ and to enroll each semester subsequent thereafter, including summer sessions, until graduation.
2. District agrees, so long as Title Grant funding is available, to award a scholarship up to \$500.00 maximum per semester (based on six credit hours) to Teacher.
3. Teacher agrees to maintain at least three credit hours each semester through graduation and remain employed by Conroe ISD.
4. Teacher agrees to maintain at least a 3.5 GPA in all course work.
5. Teacher agrees that he/she will work for the District as a Diagnostician or LSSP for a period of at least three years after graduation, in the event, and for so long as the District elects to so employ Teacher for a specific period.
6. In the event that Teacher voluntarily resigns from the District prior to graduation or before having been employed by the District for three years after graduation, Teacher shall reimburse the District for all scholarship awards paid by the District. Teacher agrees that such reimbursement may be deducted by the District from any compensation due and owing to Teacher at or after the time that the notice of resignation is furnished to the District. The District may forego such reimbursement, as its sole election in the event that the Teacher resigns due to extenuating circumstances beyond Teacher's control (e.g., a disabling medical condition). Such reimbursement shall not be required in the event the District terminates Teacher's employment.

\_\_\_\_\_  
*Print full legal name*

\_\_\_\_\_  
*EIN*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Dr. Kathleen Sharples, Director of Human Resources*

**Conroe Independent School District**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*