



The Delta Kappa Gamma Society International
Louisiana State Organization

Please print or type all information.

Request for Praxis reimbursement (effective 9/2017)

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

Attach a recent photo
to your emailed
request.

A member who applies for a request for Praxis reimbursement must submit the current application obtained in the Forms section of the Louisiana State web site at <https://epsilonstatedkg.org>. The completed application and required accompanying documentation must be emailed to the Chairman of the State Scholarship Committee: barbara.richard@rpsb.us

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 reimbursement**). Follow these guidelines as you prepare your request for reimbursement.

1. Applicant can be currently teaching in the subject area for which the Praxis test 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 must be attached to the request.
3. A copy of the applicant's passing scores for the Praxis test 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. The applicant may complete the information and ask the representative to sign it for her.
5. Applicant is encouraged to attend the Louisiana State Convention in March, where she will be recognized as a recipient of the scholarship award.

Part I. Personal Data

Name _____ Email _____
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

Committee Chairmanships held (specify if level is chapter, state, regional, or international)

Committee	Level	Date

Part IV. Overview of Request

I am applying for reimbursement for **passing** the following Praxis test: _____

at a cost of \$ _____. Please briefly explain the reason for taking this Praxis test (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.

Institution/Employer	Title of Position	Dates



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

_____ passed the _____
(Name) (Name of Praxis test)

Praxis test. The cost of the Praxis test was \$_____.

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

Printed name of School Board employee, title

Telephone Number

Signature of School Board employee, title

Date