STATE PARA-TO-TEACHER PROGRAM (PTP) TUITION SCHOLARSHIP APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

SFN 62630 (5-2025)

Application MUST be downloaded to complete.

☐ I am a paraprofessional working in a ND school for 2025-2027.			
Applicant Name	Telephone Number		
Email Address			
School District	School Name		
School Address	City	State	ZIP Code

Tuition Scholarship Request – select all applicable semesters. Find tuition rates by university on the PTP website.

University Attending				
◯ Fall 2025 Number of Credits: Amount Requested:	◯ Spring 2026 Number of Credits: Amount Requested:	◯ Summer 2026 Number of Credits: Amount Requested:	◯ Fall 2026 Number of Credits: Amount Requested:	◯ Spring 2027 Number of Credits: Amount Requested:
Total Amount Requested (*can not exceed $20,000)*				

☐ I have attached a letter of recommendation from my school administrator to this application.

☐ I have completed this survey to determine my professional development training needs.

Applicant Signature *(Required)*	Date
School Administrator Signature *(Required)*	Date

Submit to: dpidevgrowth@nd.gov

For Department Use Only

Approver Name and Title:	☐ Approved	☐ Denied	Scholarship Amount Approved
Signature			Date