

SB 2032 – Paraprofessional Application for a Tuition Scholarship

Applicant Information

Applicant Name:		<input type="checkbox"/> Check the box if you are a paraprofessional for 2023-2024 in a North Dakota school.	
School District:		School:	
School Mailing Address:		Telephone Number:	
City:	State:	Zip Code:	
Email Address:			

Tuition Scholarship Request (Check all semesters that apply.)

(Review approved EPPs and tuition rates on the North Dakota Department of Public Instruction [website](#).)

<input type="checkbox"/> Fall 2023	<input type="checkbox"/> Spring 2024	<input type="checkbox"/> Summer 2024
EPP:	EPP:	EPP:
Number of Credits:	Number of Credits:	Number of Credits:
Amount Requested:	Amount Requested:	Amount Requested:

<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Spring 2025
EPP:	EPP:
Number of Credits:	Number of Credits:
Amount Requested:	Amount Requested:

Total Amount Requested:

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

Signatures

Signature of Applicant:	Date:
Signature of Administrator:	Date:

*Email the SB 2032 Paraprofessional Application and letter of recommendation to dpiasstsupt@nd.gov.

For Department of Public Instruction Use Only

Name of Approver:	Title of Approver:	Signature of Approver:	Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Scholarship Amount Approved:	