



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

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
SFN 62630 (5-2025)

<input type="checkbox"/> 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				
<input type="radio"/> Fall 2025 Number of Credits: Amount Requested:	<input type="radio"/> Spring 2026 Number of Credits: Amount Requested:	<input type="radio"/> Summer 2026 Number of Credits: Amount Requested:	<input type="radio"/> Fall 2026 Number of Credits: Amount Requested:	<input type="radio"/> Spring 2027 Number of Credits: Amount Requested:
Total Amount Requested (<i>can not exceed \$20,000</i>)				

☐ 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 (<i>typed name is the legal equivalent of a handwritten signature</i>)	Date
School Administrator Signature (<i>typed name is the legal equivalent of a handwritten signature</i>)	Date

For Department Use Only

Approver Name and Title: Laurie Matzke, Chief of Program Development & Growth	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Scholarship Amount Approved
Signature			Date