

**KILLEEN INDEPENDENT SCHOOL DISTRICT  
ALTERNATIVE TEACHER CERTIFICATION PROGRAM REIMBURSEMENT APPLICATION**

NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_

CAMPUS/DEPT \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

ALTERNATIVE CERTIFICATION PROGRAM NAME \_\_\_\_\_  
\_\_\_\_\_

Please list area for bachelor's degree \_\_\_\_\_

Identified Program Content Area (include subject and grade level):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROGRAM ENROLLMENT DATE: \_\_\_\_\_

Are you currently enrolled in the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you fulfilled all program requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date Standard Certificate issued \_\_\_\_\_

Date of Anticipated Completion \_\_\_\_\_

REQUIRED ATTACHMENTS: Please attach a copy of enrollment letter.

I have received and read the requirements for the "Alternative Certification Reimbursement Program" ([Administrative Procedure VI-UUU](#)). I understand that should I be selected to participate in this program, I must follow the procedures set forth by the district for reimbursement. I further understand I am required to work full-time as an employee of Killeen ISD for three full school years immediately following the date I started as teacher of record.

**In the event I do not complete my employment obligation, I agree to pay and shall pay to KISD all sums received by me for which I did not meet the employment obligation. This amount shall be due and payable upon separation of employment with KISD. The amount shall be deducted from my KISD paycheck with any remaining balance due at separation.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_