

**Archdiocese of Los Angeles  
Department of Catholic Schools  
REQUEST FOR LAUSD TITLE II A FUNDS**

**MASTER'S / CREDENTIAL PROGRAMS / UNIVERSITY COURSE WORK**

**NOTE:** This form must be returned to the Department of Catholic Schools to request Title II A Funding. University application fees are non-refundable and approval for Title II A funding does not guarantee admittance into the university.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

CURRENT POSITION: Grade Level for Elementary / Subjects Taught for Middle or High School:

\_\_\_\_\_ YEARS IN CURRENT POSITION: \_\_\_\_\_

Other Teaching Experience:

SCHOOL	POSITION (Grade Level/Subjects)	YEARS
_____	_____	_____
_____	_____	_____

CURRENT CREDENTIALS: \_\_\_\_\_

CURRENT DEGREES: \_\_\_\_\_

Have you ever been enrolled in a credential and/or master's program and received Title II A funds?  NO  YES  
If **YES**, please give dates, name of university, name of program/s and date of completion:

\_\_\_\_\_

**Program of Interest for Title IIA Funding**

Name of University: **Loyola Marymount University**

**Name of Certificate / University Stand Alone Course / Credential / Master's Degree:**

M.A. in Elementary Ed, Secondary Ed, Reading Instruction, Educational Studies, or Special Education  
 Preliminary Teaching Credential: Multiple Subjects or Single Subject in \_\_\_\_\_

Upon acceptance into the program, and in addition to any other regulations or requirements of the university, I agree to the following:

In addition to the application fees and other expenses (books, library, parking, etc) I may incur as a student in the program, I am responsible for all tuition and other costs not covered by Title II A funds. I also understand that I must be a full time core academic subject teacher or administrator in a Catholic school located within the LAUSD service area. If I make a change in my employment while I am a student in the program and Title II A funds no longer cover the cost of my tuition, I understand that I will be personally responsible for paying the full amount of my tuition, retroactive to the start of the semester in which I changed employment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Current Principal's Approval

**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME & PHONE NUMBER OF CATHOLIC SCHOOL:** \_\_\_\_\_

Submit this form to:

PLACE Corps Office, School of Education, Loyola Marymount University  
1 LMU Drive, Suite 1340, Los Angeles, CA 90045  
[place@lmu.edu](mailto:place@lmu.edu); Fax: 310.338.4422