



COWLEY COLLEGE
Educator Appreciation Program

Awards educators/para an \$85 flat-rate tuition per credit hour for KS and OK, and \$95 for other states

I would like to enroll at Cowley College as part of the Educator Appreciation Program for the following semester: FALL SPRING SUMMER in the 20__-20__ Academic Year

I am currently employed with school district or college and am pursuing one of the following programs of study with Cowley College:

- | | |
|---|---|
| <input type="checkbox"/> Elementary Education - Associate of Art | <input type="checkbox"/> Secondary Education – Associate of Arts |
| <input type="checkbox"/> Paraprofessional Associate of Arts Degree | <input type="checkbox"/> Paraprofessional Associate of Arts Degree |
| <input type="checkbox"/> Cowley College Adjunct Instructor/Part-time Employee | <input type="checkbox"/> Educator Continuing Ed for License Renewal |

Please complete the following enrollment information:

LAST NAME _____ FIRST _____ MIDDLE NAME _____

Have you taken previous coursework at Cowley College? YES NO Cowley ID # _____

Email _____ Phone _____ Alternate phone _____

Street Address _____ City _____ State _____ Zip _____

COURSE INFORMATION: PLEASE LIST THE COURSE(S) YOU WOULD LIKE TO BE ENROLLED IN. Only coursework applicable to one of the programs listed above will be covered by the educator’s flat-rate.

| Dept. Code | Course Number | Section Code | Course Title | Credit Hours | Time of Class | Day | | | | | | Location |
|------------|---------------|--------------|--------------|--------------|---------------|-----|---|---|---|---|---|----------|
| | | | | | | M | T | W | T | F | S | |
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For USD Employees: TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR

I certify that the above named individual is currently employed as _____ with School District # _____ in _____, Kansas.

Signature of School Administrator _____ Date _____

For Cowley College Adjunct Instructors or Part-time Cowley College Employees:

I certify that I taught/teach for Cowley College in the previous or current semester or that I am currently employed as a part-time employee.

Signature _____ Date _____

Return completed form to:
Julie Rhoads, Cowley College, P.O. Box 1147; Arkansas City, KS 67005
Submit questions to Julie Rhoads at (620) 441-5316 or via e-mail to Julie.rhoads@cowley.edu

For Office Use Only:

Amount Awarded _____

Date _____ Initials _____