

**Los Angeles Unified School District - Career Ladder Office
Career Ladder Scholarship
Request Form**

ATP

Last Name: _____ **First Name:** _____ **Emp. #:** _____

Mailing Address: _____ **Home Phone:** () _____

City & Zip Code: _____ **Work Phone:** () _____

LAUSD E-Mail: _____ **Cell Phone:** () _____

College/University: _____ ***Registration Confirmation:** Attached

_____ ****Advisement Form:** Attached

I understand that:

Career Ladder Scholarship will continue as long as funding is provided or until I complete the requirements for a preliminary credential, provided that I remain employed by LAUSD, complete performance assessments and meet the scholarship unit and GPA requirements. _____
initials

Career Ladder Scholarship takes the place of any other Paraeducator Career Ladder educational assistance. _____
initials

I must provide one year of full-time K-12th grade teaching in LAUSD for each year of support received, or pay back the amount of assistance received while supported by the scholarship. _____
initials

Signature

Date

**Send this form to:
LAUSD Career Ladder Office,
333 S. Beaudry Ave., 15th Floor,
Los Angeles, CA, 90017**

Retain a copy for your files. Please allow 4 to 6 six weeks for processing.

For Office Use Only

Terms/Year: _____	Total Units: _____	Verified for payment: ____/____/____
Current Units: _____	Semester Quarter PA's	Disapproved because: _____
Class Code: _____	1-30 1-45 1	____ GPA below requirement
GPA: _____	31-60 46-90 2	____ Insufficient # of units completed
Total Units: _____	61-90 91-135 3	____ Receiving other LAUSD Educ. Assistance
Unit Waiver/Date _____	91-120+ 136-180+ 4	____ Completed Preliminary Credential ____/____/____
Probation/Date: _____		____ Not studying at an approved institution
____ Authorized for payment Date: ____/____/____		

***Attach a copy of registration of enrollment that verifies your coursework.**

****Attach an advisement form signed by a campus advisor.**