

**St. Olaf College Education Department  
Opportunity Fund for Teacher Education - Fee Assistance Request Form**

This form may be used during the academic year to request fee assistance. Fill out, sign, print and submit to the Director of Licensure **by the second Monday of each month (except for September and February, when the deadline is the third Monday due to the start of the semester)**. *Students with an Expected Family Contribution (EFC) below \$15,000 will be given first consideration.*

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**1. Are you planning on earning a teaching license at St. Olaf?**

Yes – in what area(s)? \_\_\_\_\_ No

**2. Are you planning on earning the Education Studies Concentration/TEFL Certificate?**

Yes No

**3. For what type of fee assistance are you applying? Check all that apply:**

**a. Tk20**

\$65 (you will take only one Education course) \$100 (you will take more than one Education course)

**b. MTLE Test(s) When are you planning to take the test(s)?** \_\_\_\_\_

Pedagogy Subtest 1	\$53.50	Content Area 1, Subtest 1	\$53.50
Pedagogy Subtest 2	\$53.50	Content Area 1, Subtest 2	\$53.50
		Content Area 2, Subtest 1	\$53.50
		Content Area 2, Subtest 2	\$53.50

**Total Cost:** \_\_\_\_\_

**c. edTPA**

\$90 (\$180 paid by the Education Department already)

**d. OTHER** (ie. Educational conferences, student professional development)

Amount requested and purpose \_\_\_\_\_

**4. If you are requesting funds for the MTLE tests, check any that apply**

I am retaking a MTLE test (list: \_\_\_\_\_ )  
I will request extended time for the tests because English is not the language I speak at home. I will request extended time for the tests due to a documented disability or other reason.

**5. Opportunity Fund dollars are limited. Briefly describe your need for financial assistance as well as any additional information you feel should be taken into consideration in granting this request.**

I give permission for the Opportunity Fund committee to obtain my financial aid award information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_