

## PURPOSE AND VISION

As a professional organization, to help defray some of the costs associated with certification/license renewal and continuing education requirements.

\* To make valuable contributions and a significant impact on the quality of life for members of our professional organization.



## ELIGIBILITY

### \* CPEA Member

## THE RULES

\* The course work can be from an accredited college or university earned in your teaching field, in courses meeting qualifications for renewal of certificate/license or additional licensure, or in non-university courses or seminars taken to fulfill CEU requirements.

\* Only one application can be submitted per year, but more than one course or CEU verification can be attached to meet the **\$500 maximum**.

\* Turn in application with the **required proof of payment and proof of successful completion** to the CPEA Office.

\* Tuition reimbursement cannot exceed the cost of the course. Any course work paid for by grants, endowments, scholarships or other expense paid programs cannot be reimbursed.

\* **An individual is not eligible to receive the money two years in a row.**

## FOR REIMBURSEMENT

\* Application must be on file on or before **September 30, 2026**.

\* Course work must be completed between September 1, 2025, and August 31, 2026.

\* For new hires, only courses taken after your hiring date are eligible for tuition reimbursement.

\* **Submit** a copy of your grade card or transcript showing successful completion of the class.

\* **Submit** a copy of your receipt or a canceled check showing you paid for the class.

\* Recipients will be notified when the actual reimbursement checks will be available for pick up at the CPEA Office.

A maximum of 40 members at \$500 each will be reimbursed. If more than 40 members qualify, the money will be given to the first 40 applicants chosen in a random drawing or until the money is gone.

# TUITION



# REIMBURSEMENT

C.P.E.A

CANTON  
PROFESSIONAL  
EDUCATORS'  
ASSOCIATION

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Canton, OH 44714

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Fill out completely:

NAME \_\_\_\_\_ SCHOOL/BLDG. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ (email) \_\_\_\_\_  
COURSE \_\_\_\_\_ Completion Date \_\_\_\_\_  
COLL/UNIV \_\_\_\_\_ COST \_\_\_\_\_

Please attach your verification of payment and successful completion, and return to  
the CPEA Office by Wednesday, September 30, 2026.