



## TUITION REIMBURSEMENT APPLICATION

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

I intend to register and will attend classes at the accredited institution listed below.

The registration date is \_\_\_\_\_ and; therefore, I request approval in advance of that date.

Name of accredited school: \_\_\_\_\_

Course: \_\_\_\_\_ Course Number: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Tuition (price per credit hour): \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

My reason for enrollment is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A degree curriculum (please specify degree): \_\_\_\_\_

I understand that I must attain an A, B or C grade in each course to be eligible for 90 percent reimbursement of tuition and registration only. There will be no reimbursement for a course grade lower than a "C". Upon completion of each course, I will submit the grade reports and tuition receipts to the Office

- Manager for reimbursement.
- Reimbursement is limited to \$1,000.00 per school year.
- Educational assistance is not available to me under the G.I. Bill or a scholarship grant.
- Educational assistance is available to me through an outside source; therefore, my participation in this program is only to the extent of tuition not covered.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

REGISTRATION FEES: \$ \_\_\_\_\_ TOTAL GRANT REQUEST \$ \_\_\_\_\_