



Tuition Reimbursement

School Year: _____

The following information must be completed in order to be considered for this \$500 reimbursement. Once the course is completed, proof of payment and course completion must be submitted for payment approval.

Date of Application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Telephone # _____ Cell Phone #: _____

Position: _____ School: _____

Course for which you are seeking approval:

College/University: _____

Course Title: _____

Course Number: _____

Dates of course (From/To): _____

Any changes in course must be approved in writing prior to enrollment.

Employee Signature: _____ Date: _____

Administrative use only

Internal ID # _____

Date Received: _____

Approved _____ Denied _____

Superintendent of Schools

Approved for \$500 Payment:

Superintendent of Schools

Date