

**APPLICATION FOR TUITION ASSISTANCE**

To request tuition assistance funds for the current fiscal year, you must complete this form and send it to the Office of Human Resources for approval by the Director in order to assure payment. If you have paid for the class and wish reimbursement, please send verification of payment and your grade report. Tuition assistance should be requested for the current fiscal year according to Gloucester County Public Schools' policy File No. GBBC-R "Tuition Assistance." Funds are only available for the approved amount per employee; you will be billed for any other requests. **Please note: All fields (below) must be completed in order to expedite the processing of this tuition assistance application.** Thank you!

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_ Assignment: \_\_\_\_\_

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

Location of Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Beginning Date of Class: \_\_\_\_\_ Ending Date of Class: \_\_\_\_\_

College Offering Credit: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Graduate Credit: \_\_\_\_\_ Undergraduate Credit: \_\_\_\_\_ Recertification Points: \_\_\_\_\_

I wish to apply for tuition assistance in the amount of \$  for the requested course. I am enrolling in the class for the following reason:

By authorization of my printed name and signature below (required before processing), I have read and agree to the following stipulations found in policy GBBC-R:

When the school division pays for coursework that leads to a collegiate professional license, a license renewal, a Masters or dual Masters Degree, a Doctorate, National Board Certification, or any other coursework that is taken for professional enrichment, the Superintendent shall require in writing that the employee agree to a year-for-year commitment, not to exceed a maximum of three additional years of continued employment. The School Board reserves the right to waive this requirement. Failure to satisfy the terms of the agreement would result in requiring the money paid for all coursework to be reimbursed to the school division. If coursework is not successfully completed, the employee shall be responsible for paying back the division any reimbursement or tuition assistance received.

I understand that I will not be eligible for reimbursement if a grade of "A" or "B" is not received.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Do not write below this line**

Gloucester County Public Schools authorizes reimbursement of tuition assistance in the amount of \$  for this employee to take the course specified above.

\_\_\_\_\_  
Authorized Central Office Administrator

\_\_\_\_\_  
Date

**ADOPTED:** September 12, 2006

**REVI SED:** June 10, 2008  
December 8, 2009