

## Tuition Reimbursement Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Department: \_\_\_\_\_  
 Are you a part-time or full-time employee?  PT  FT Have you been an employee for six months.?  YES  NO

Have you ever received corrective actions in the last 12 months?  YES  NO If yes, when? \_\_\_\_\_

If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Education

Name of institution you are/will be attending: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Are you applying for a program such as: \_\_\_\_\_ Program Name/Course/Certification Description: \_\_\_\_\_

- Associate Degree
- Bachelor's degree
- Masters or Doctorate Degrees
- Individual academic courses
- Certificates
- Certifications
- Learning assessments or tests (CLEP, ACE, DANES)

Estimated Graduation/Completion date: \_\_\_\_\_

**Note:** The course of study must be related to your current position or a future position within the organization.

Please elaborate on your aspirations regarding this degree/course and how it will positively impact Sky Lakes?

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

Upon finishing this course/degree, what is your target job? \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to obtaining tuition reimbursement, I understand that false or misleading information in my application may result in my release.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manager/Supervisor Application Review**

How do you anticipate that the education pursued by the employee through tuition reimbursement will directly contribute to Sky Lakes' goals and objectives?

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How do you foresee this education benefiting Sky Lakes financially or in other measurable ways?

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Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Human Resources Use ONLY**

Date application is processed: \_\_\_\_\_ Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Business Partner Signature / CHRO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_