



TUITION ASSISTANCE APPLICATION

DESCRIPTION OF EDUCATIONAL COURSE WORK REQUESTING

INSTRUCTIONS:

Please submit this application to the CEO prior to starting your course if you intend to seek reimbursement.

Date of Application _____

Employee Name _____

Position _____

Job Status: Full Time _____ Part Time _____ *(Tuition assistance is limited to full-time employees)*

Hire Date _____

(Employees must have completed a minimum of 12 months of full-time employment to be eligible for tuition assistance)

Title of Intended Program - check one

___ Certificate ___ Diploma ___ Associate ___ Bachelor

___ Graduate ___ Doctorate ___ Core Course Work

Course of Study (Major) _____

Name of Educational Institution _____

How will this course of study enable you in your work at Hospice of the Upstate?

