



Educational Assistance Application

Name:	Employee ID:
Job Title:	Work Location:

Institution Information

Accredited Institution Name:			Degree:		
Course Title:	Date Course Begins:	Date Course Ends:	Course Cost:	Fees:	Total Cost:

Academic Objective

Associate's Degree	Master's Degree	Bachelor's Degree	Other (please specify) _____
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Expected Date of Degree or Certificate Completion:

What is your purpose for taking this course?

How will this course help you in your current/future position?

- **Please attach a brief description of the course(s) from the school catalog or course brochure.**

Employee Certification

I certify that the above course(s) will not be reimbursed in whole or in part by any other source.

Employee Signature:	Date:
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Approvals

Supervisor Signature & Phone Number:	Date:
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Comments

If not approved, indicate reason here:

Note: If you leave The Heritage Group within 24 months of reimbursement, you may be required to repay some of the educational assistance received.