

# College Tuition Request Form

Print Clearly or Type All Information on This Form

Employee Name: \_\_\_\_\_ ID # \_\_\_\_\_

Location: \_\_\_\_\_ SS# \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Course(s) Requested

Course Number(s)	Course Title	Starting Date	College or University	Time of Class	End Date	Estimated Cost of Program

(\*If funds are available, up to \$2,000 of the program tuition cost can be reimbursed per grant year, per employee.)

**Agreement:**

1. I agree to complete this program within the scheduled time or two years. This includes completion of all assignments, projects and tests.
2. I agree to submit to the HS Program Manager a copy of my course completions.
3. I agree to reimburse CSNT Head Start the prorated cost, if I resign or am terminated from my job within the next three years.
4. I understand that if I fail to complete the course(s) listed above, withdraw from the course(s), or do not maintain at least a 2.0 GPA. I will not be eligible for any other tuition assistance from CSNT Head Start.
5. I have applied for other funding and have been denied or did not receive any other funding to assist with the cost of my tuition.

**Employee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Head Start Director's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Do not return this form unless it is readable (printed or typed) and completed – including an attached copy of your Program registration with total cost of tuition. If registration form with costs is not attached to this form, CSNT Head Start will not be responsible for tuition cost. Supervisor's signature must be on this form. All incomplete or unreadable forms will be returned or discarded.