

**Staff Application for Tuition Reimbursement**  
**NESD Head Start Program, Inc.**

Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

Circle the Highest Educational Grade Completed: 8 or Less 9 10 11 12 13 14 15 16+

Do you expect to earn a degree? \_\_\_\_\_ When \_\_\_\_\_

What is your career goal? \_\_\_\_\_

\_\_\_\_\_

How will this course be of benefit to your career? \_\_\_\_\_

\_\_\_\_\_

Are you receiving any financial aid for this training? \_\_\_\_\_ If yes, list the sources and amounts:

\_\_\_\_\_

\_\_\_\_\_

I am requesting approval of reimbursement from the NESD Head Start Program, Inc. for classes taken at: \_\_\_\_\_

for \_\_\_\_\_ credit hours in the following courses:

<u>Course</u>	<u>Completion Date</u>	<u>Cost</u>
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_____	_____	_____
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_____	_____	_____
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I understand that I will pay for the cost of this / these course(s) and I will present a receipt for the cost and verification of completion (class grade) to receive reimbursement for costs. I realize reimbursement is contingent on the availability of funds and the cost will not necessarily be paid in full. As a staff member, if training reimbursement funds are received, I intend to continue my employment with the NESD Head Start Program, Inc. for a minimum of 3 years from the date signed below.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Verified and Approved by:

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Education Manager \_\_\_\_\_ Date \_\_\_\_\_