

Tuition Reimbursement Form
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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_____	_____	_____
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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. An employee will be required to repay the program for incomplete or failed classes.

Signed _____

Date _____

Verified and Approved by:

Education Manager _____ Date _____

Executive Director _____ Date _____