

# Tuition Assistance Benefit Application Form

Please complete all sections of this application form to apply for the Tuition Assistance Benefit. Once completed, print the form, obtain the necessary signatures, and submit it to the Human Resources Department.

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## 1. Applicant / Employee Information

Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Employment Status (e.g., Full-Time, Part-Time):	<input type="text"/>		

## 2. Student Information (If applicant is a dependent)

Student Full Name:	<input type="text"/>
Relationship to Employee:	<input type="text"/>
Student ID (if applicable):	<input type="text"/>

## 3. Institution and Course Information

Educational Institution Name:	<input type="text"/>
Academic Term / Semester (e.g., Fall 2024):	<input type="text"/>
Degree / Program of Study:	<input type="text"/>

### Course Details

Course Code	Course Title	Credit Hours	Tuition Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Estimated Financial Assistance

Total Tuition Cost:	<input type="text"/>
Other Grants / Scholarships / Assistance:	<input type="text"/>
Total Requested Tuition Assistance Benefit:	<input type="text"/>

## 5. Acknowledgement and Signatures

I certify that the information provided on this application is correct to the best of my knowledge. I understand that reimbursement or payment is subject to the terms and conditions of the Tuition Assistance Benefit Policy.

Employee Signature:	<input type="text"/>	Date:	<input type="text"/>
Manager / Supervisor Signature:	<input type="text"/>	Date:	<input type="text"/>
Human Resources Signature:	<input type="text"/>	Date:	<input type="text"/>