



### YMCA San Angelo Tuition Reimbursement Application

Please complete the application below to be considered for the Tuition Reimbursement Program. Qualified applicants for the program must meet the criteria as explained in the Tuition Reimbursement Policy.

Date of Application: \_\_\_\_\_

Employee Full Legal Name: \_\_\_\_\_

Job Title / Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you enrolled in a course or program with an accredited college, university or trade school?  Yes  No

Name of college, university or trade school: \_\_\_\_\_

#### Course/Program Information

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Course Tuition Expense: \_\_\_\_\_

Did you receive any other source of funding for the above course work?  Yes  No

If yes, please name the funding source and amount?

\_\_\_\_\_

My signature below verifies that I understand that if this request is approved, reimbursement will be contingent upon verified employment, hours worked, employee status and all other policies as outlined in the Tuition Reimbursement Policy. I also understand that if any of the information or documentation is found to be untruthful, altered, etc. will not be eligible for reimbursement of this application or further applications and may be responsible to pay back any amount awarded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### HUMAN RESOURCES ONLY

Employment Requirements Verified?

Does this application meet the established guidelines of the tuition assistance program policy? \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

If not approved, please indicate reason:  
\_\_\_\_\_

\_\_\_\_\_  
Director of HR

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Paid