

**SOUTHEAST LOCAL SCHOOLS
TUITION REIMBURSEMENT REQUEST FORM**

A. INITIAL REQUEST ~ Fill out the following information before your class starts.
Then give to your building rep or send to the Association VP.

Name _____ Building Assigned _____

Social Security # _____

Address _____

Area of Study _____

Sponsoring Institution / College Name _____

Number of Hours _____ Cost Per Hour _____

Total Amount Requested _____

Date Course Starts _____ Semester Taken _____

I agree that the above information is correct and that I am in compliance with all the requirements for reimbursement as outlined by the Association and contained in the contract. I hereby submit my initial request for reimbursement.

Applicant's Signature _____

B. ASSOCIATION ACKNOWLEDGMENT

Application received by the Association on _____

Amount Approved _____

Vice President's Signature _____

_____ Copy made and original sent back to applicant

C. FINAL REQUEST ~ To be completed by the applicant after the completion of the course and sent to V.P. along with copy of official transcript with grade received and proof of payment.

I agree I have fulfilled all the requirements for reimbursement as outlined by the Association and contained in the contract.

I hereby submit my final request for reimbursement.

Applicant's Signature _____ Date _____

D. ASSOCIATION ACKNOWLEDGMENT

Final Amount Approved _____ V.P. Signature: _____

Copy made and sent to Treasurer on: _____