

Town of Beaufort

Tuition Assistance Eligibility Application

Full Name: _____ Last 4 digits of SS#: _____

Job Title: _____ Department: _____

Dept. Mgr. Name: _____ Work Telephone # _____

INSTRUCTIONS: Failure to follow the instructions will result in a delayed payment.

- A. This is the first step of two. This form determines if you are eligible for tuition reimbursement. After you are determined to be eligible for reimbursement, you will need to complete the Tuition Reimbursement Request.
- B. Withing 30 days of completion, turn in the following: 1) This approved and signed form 2) Tuition Reimbursement Form 3) proof of passing grade 4) payment receipt.
- C. After verification of reported expenses, the Human Resources Manager will send the packet to the finance department for reimbursement of expenses for which the employee is eligible.

Institution Name: _____

Course Title	Credit or Hours	Beginning Date	Ending Date	Costs (tuition, registration, laboratory or student fees)
				Total \$

Please check appropriate space below. I am working toward:

Certificate ☐ Credit ☐ Associates ☐ Bachelor's ☐ Masters ☐ Doctorate

State Briefly how this course will help you in your present job or prepare you for greater responsibilities with the Town of Beaufort.

I understand that if my application is approved, the Town of Beaufort will reimburse the employee's share of the cost of tuition (in-state cost), registration fees, laboratory fees, and student fees for non-probationary employees. I also understand that in order to be reimbursed at the end of the course, I must provide proof of a grade "C" or better, or where letter grades are not given, a written statement from the instructor stating that I have successfully completed the course and a receipt showing the employee's out of pocket costs that were incurred (a student loan is considered an employee's out of pocket expense). I understand that Financial Aid, (sponsorships, scholarships, or items that do not require payback) that assist me with tuition and fees are not eligible for reimbursement. I also understand that should I leave the Town's employment within three years of being reimbursed for the above course(s) I must repay the Town of amount of the reimbursement, prorated by the length of service agreement not met. I understand that monies owed can be deducted from any compensation due me when I separate from the Town of Beaufort's employment.

Applicant: _____

Director: _____

Date: _____

Date: _____

Approved ☐ Not Approved ☐

HR: _____

Date: _____

Approved ☐ Not Approved ☐

Finance: _____

Date: _____