

## TUITION ASSISTANCE APPLICATION

Please **PRINT CLEARLY**:

Name: _____
Job Title: _____ Work Location: _____
College or University: _____
Degree/Certificate Program: _____
Course(s): _____
_____
Semester: ___ Fall ___ Spring ___ Summer      Year: _____
Estimated Cost: \$ _____

Using the space below, explain your educational goals, what you hope to learn, and why the committee should support your application.

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**I understand that approval of my application does not constitute an approval for a change to my current work schedule. This application must be completed in full, include a completed *Statement of Other Sources of Tuition Assistance* form and a recommendation from your immediate supervisor or Department Head, and be submitted to Human Resources by the semester deadline.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Submitted

Greystone Programs, Inc. Tuition Assistance Program

**Statement of Other Sources of Tuition Assistance**

Name: \_\_\_\_\_

Semester Applying For: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

Do you work for more than one employer? \_\_\_ Yes \_\_\_ No

If yes, name of other employer(s): \_\_\_\_\_

Status at OTHER employer: \_\_\_ Full time \_\_\_ Part time \_\_\_ Per Diem

Have you applied for tuition assistance from any other source, including another employer's tuition assistance program, scholarship programs, financial aid, grants, etc.?

\_\_\_ Yes \_\_\_ No

If no, please give reason why not \_\_\_\_\_

If yes, please complete for all other sources of financial assistance that you have applied for:

Source:	Amount Applied For:	Amount Approved:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please note that failure to disclose all other sources of financial assistance will automatically disqualify you for tuition assistance from Greystone Programs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TUITION ASSISTANCE RECOMMENDATION

The following employee is applying for Tuition Assistance and needs a recommendation from their immediate manager or department head to support their application. Please take a moment to answer the following questions and return this form to Human Resources as soon as possible.

**Applicant's Name:** \_\_\_\_\_

Please circle one response for each question:

1. Has the above named employee received any disciplinary action in the past six months?

Yes                  No

2. Has their attendance been satisfactory? (i.e., no excessive absences, provides advance notice when appropriate, arrives on time for shifts and is overall reliable?)

Satisfactory                  Unsatisfactory

3. Does this employee provide continuous coverage or extra hours when called upon?

Yes                  No

4. Does this employee maintain a positive attitude and professional manner in the workplace?

Yes                  No

5. Does this employee strive to provide quality services to the Individuals?

Yes                  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor: Date

\_\_\_\_\_  
Department Head Date