

877 Jefferson Avenue, Memphis, Tennessee 38103

**Tuition Assistance Application**

# INSTRUCTIONS: Complete application online, save, and submit

* APPLICANT: A) Complete sections 1 and 2. B. Sign Promissory Note in section 2 C) Forward to Director or Vice-President for approval.
* DIRECTOR or VICE-PRESIDENT: A)Sign in section 2 B) Forward completed application to Training and Development.

## SECTION 1

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name      | First Name      | **MI or Maiden Name** | **Today’s Date** |
| Department Name      | Department Cost Number      | **Job Title** |
| Home Address      | City      | **State** | **Zip Code** |
| Employee Number      | Full Time for 1 Year? [ ] Y [ ] N | Hire Date      | **Name of Institution Attending** |
| Home Phone      | Work Phone      | **Degree You Are Seeking** |
| Term (Winter, Fall, Summer)      | Year      | **Graduation Date** | **Program related to high demand position.****[ ] YES** **[ ] NO** |

How does this educational activity/degree benefit you and Regional One Health? \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## School System: \_[ ] \_\_Semester \_\_[ ] \_Quarter \_[ ] \_\_Other (please specify):\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently receiving or eligible for any other educational benefits? (i.e.: GI Bill, B.E.O.G., Scholarships, Fellowship, etc.)

[ ] Yes [ ] No ( If yes, please explain)\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | **Credit Hours** | **Cost of Tuition** | **For T&D Use Only** |
|       |       | Cost of Tuition Per Hour      |       |
|       |       | Number of Hours       |       |
|       |       | Total Tuition Reimbursement      |       |

## SECTION 2 PROMISSORY

I have read Regional One Health’s Tuition Assistance Policy and will adhere to the guidelines as outlined in the policy. I thereby submit this application for tuition assistance. The time worked to meet the requirements of this Promissory Note is calculated by the Training and Development Department. Should my affiliation with Regional One Health become terminated for any reason prior to this date, I understand that I will be obligated to repay the tuition refund.

EMPLOYEE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR/VICE-PRESIDENT APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION 3 TRAINING AND DEVELOPMENT USE ONLY

Items Received ( *Check all that apply* ) [ ]  Program Outline [ ] Grade Report [ ]  Financial Aid Form

|  |
| --- |
| **[ ]  APPROVED** **[ ]  NOT APPROVED** |

Comments:

ADMINSTRATIVE APPROVAL

## New Image

## TUITION ASSISTANCE CHECKLIST

**(To Be Completed by Employee)**

**Employees should use this checklist to ensure required documents for Tuition Reimbursement are submitted.**

### NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Program of study is a high demand healthcare position
 |  |  |
| 1. Application is approved by Director
 |  |  |
| 1. Submit tuition reimbursement application 15 days prior to beginning of semester
 |  |  |
| 1. Full-time employee at Regional One Health for one (1) year
 |  |  |
| 1. Course outline attached to application
 |  |  |
| 1. Financial aid verification submitted to institution
 |  |  |
| 1. Program Acceptance Letter
 |  |  |
| 1. Copy of course grades from previous semester prior to renewal application
 |  |  |