

BROOKVILLE CENTER FOR CHILDREN'S SERVICES, INC.**Training and Workforce Development Department****TUITION INCENTIVE APPLICATION****APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2018****(CIRCLE ONE)****FOR QUESTIONS CONTACT: LAURA FRANZEN 293-1111 X5621; JASON PERSAN 293-1111 X5363****Employee Information: *All fields must be completed***

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|---------------|---|
| Name: | Program/Department: |
| Home Address: | Schedule: No. of hours scheduled per week: |
| Job Location: | Position: |
| Hire Date: | Daytime Telephone No.: |
| | Email Address: |

College/School Information: *All fields must be completed*

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|---|---|
| Course(s) to be taken this semester: | |
| Intended Degree and Major: | Status in College/School (please check one): <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Non-matriculated |
| Name of College/School: | #Credits this semester: _____ |
| In a couple of sentences please explain how you intend to use this degree at BCCS: _____ _____ _____ | |

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|--|--|
| Are You Receiving Any Other Form of Tuition Assistance? No _____ Yes _____ If yes, please specify: _____ _____ | Total amount of awards, scholarships, grants, etc. (not including loans): _____ |
|--|--|

As a condition of receiving tuition assistance, I agree to remain in the employ of Brookville Center for at least one year from the date of the last payment I receive or I will be subject to repayment to the Center the total amount of tuition incentive monies received from Brookville Center.

| | |
|--|-------|
| Employee's Signature: | Date: |
| Program Director's Signature: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED/REASON _____ | Date: |

**PLEASE COMPLETE ALL INFORMATION & RETURN THE APPLICATION AND THE REIMBURSEMENT POLICY ACKNOWLEDGEMENT TO LAURA FRANZEN
PLAINVIEW MAIL DROP # 37 OR FAX 516-470-9056**