

BROOKVILLE CENTER FOR CHILDREN'S SERVICES, INC.
Training and Professional Development Department

TUITION INCENTIVE APPLICATION
APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2018

(CIRCLE ONE)

FOR QUESTIONS CONTACT: LAURA FRANZEN 293-1111 X5621

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|---|---|
| Employee Information: All fields must be completed | |
| 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 | |
| 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: _____ _____ _____ | |
| 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): _____ |
| <i>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.</i> | |
| Employee's Signature: | Date: |
| Program Director's Signature: _____ APPROVED _____ NOT APPROVED/REASON Please circle applicable approved CFR job code: 218, 332, 333, 335, 321, 322, 323, 515, 502 | 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**