



TUITION ASSISTANCE PROGRAM APPLICATION

State Form 56530 (11-22)
STATE PERSONNEL DEPARTMENT



Employee: Please complete (type or print legibly).

EMPLOYEE INFORMATION		
Name		
Home Address (number and street, city, state, and ZIP code)		
Agency / Department / Branch	Work Telephone Number	
Job Classification	Work E-mail Address (or personal if not applicable)	
REASON FOR PARTICIPATION IN PROGRAM		
Briefly explain how the course(s) you selected will provide you with skills, knowledge, and training.		
HIGHER EDUCATION COURSES		
Name of School	Type of Degree / Certificate	
Date Courses Begin (month, day, year)	Date Courses End (month, day, year)	
Total Credits Required for Degree / Certificate	Credits Accumulated Toward Degree / Certificate Prior to this Application	
FEES AND ASSISTANCE		
Are you receiving any other form of financial aid or tuition reimbursement? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Tuition Fees \$	
If yes, provide type of assistance:	Estimated Additional Fees \$	
Amount of Assistance \$	Total Estimated Fees \$	
AGREEMENT		
I, the undersigned applicant, have read, understand, and agree to comply with the Education Reimbursement Policy. I understand approval of this application does not entitle the applicant to tuition assistance for any payments—the provisions of the Education Reimbursement Policy apply and are incorporated herein. I also agree if I separate employment from the State for any reason within twelve (12) months of the completion of the course for which tuition assistance is made, I must immediately repay the State for any tuition assistance amounts received as a result of this application.		
Applicant Signature	Date (month, day, year)	
Supervisor Signature	Date (month, day, year)	
APPROVALS		
The Agency's Appointing Authority or designee, in coordination with its HR Representative, will complete this portion of the application to determine eligibility. The HR Representative or other Agency designee will notify the Tuition Assistance applicant of the eligibility decision.		
TUITION ASSISTANCE INITIAL DECISION		
Applicant Date of Hire (month, day, year)	Applicant Performance Status	
Course(s) Start Date(s) (month, day, year)	Disciplinary Status <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Amount for Tuition Assistance \$	Contingent Approval Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Applicant Notified of Decision (month, day, year)	Please explain:	
Signature of Appointing Authority or Designee	Title	Date (month, day, year)

FINAL APPROVAL FOR TUITION ASSISTANCE FOLLOWING COURSE COMPLETION

Applicant Date of Hire <i>(month, day, year)</i>		Applicant Employment Status	
Course(s) End Date(s) <i>(month, day, year)</i>		Disciplinary Status <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade(s) Earned		Approved Amount for Tuition Assistance \$	
Eligible for Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>		Distribution Date to Education Institution (month, day, year)	
		Total Amount Distributed this Calendar Year <i>(not to exceed \$5250.00)</i> \$	
Signature of Appointing Authority or Designee		Title	Date <i>(month, day, year)</i>
Signature of Agency Finance Director		Date <i>(month, day, year)</i>	