

Employee Education Assistance Plan

APPLICANT INFORMATION

Name _____ Telephone _____

Maiden name/other names used _____ Cellphone _____

Address _____

City _____ State _____ Zip _____

Email _____

Permanent mailing address _____

City _____ State _____ Zip _____

PROGRAM TYPE

Name of degree program or certification in which you are pursuing:

ENROLLMENT

Name and address of institution _____

Name and title of contact person _____ Telephone _____

Program start date _____ Projected Completion Date _____

EDUCATION RECORD

College 1 2 3 4

High school attended and location _____

College/university and location _____ Degree earned _____

College/university and location _____ Degree earned _____

College/university and location _____ Degree earned _____

If additional space is required, please attach a separate sheet.



Employee Education Assistance Plan

Please print or type.

How would receiving reimbursement through the Education Assistance program help your professional development?

What are your academic and career goals? (For example: How will this degree further your career in healthcare? How do you plan to use your degree? What are your long-range career plans?)

List other grants or scholarships you are being awarded with amounts.

If additional space is required, please attach a separate sheet.

All information is confidential and for program purposes only.

