

EDUCATION ASSISTANCE PROGRAM APPLICATION

This completed application, including all appropriate documentation must be submitted to the Human Resources Department at the completion of each quarter/semester for which reimbursement is being requested. Failure to complete this form in its entirety may delay your reimbursement.

TYPE OF EDUCATION ASSISTANCE REQUESTED	
Tuition Reimbursement Certification Exam Reimbursement	
EMPLOYMENT DATA	
Name:Employee#	
Last First	
Department Name/Ext: Job Title:	
Phone #: Email Address:	
<u>FINANCIAL</u>	
Are you receiving support from any source other than SGMC (not including student loans)? YesNo	
If yes, please explain	
Amount of anticipated financial aid (not including student loans)	
Have you received prior education assistance from SGMC? YesNo If yes, when	
<u>EDUCATION</u>	
I plan to attend for thequarter/semester,(School Name) (Year)	
My major (or certification) is Projected graduation date is	
I am working toward: Associates Degree Bachelors Degree Masters Degree Doctorate Degree Other (Please Specify)	
Are any of these repeat courses? Yes No If yes, please specify (SGMC will not pay for a repeat course)	
PLEASE READ THE AGREEMENT BEFORE SIGNING	
I have read and understand SGMC's Education Assistance Policy, PPP# 66. As an SGMC employee, should remployment status change to a non-benefited position during this quarter/semester, I understand that I will not eligible for education assistance as requested on this application. By signing this agreement, I hereby accept terms, conditions and work agreements required in the above stated policy.	be
Employee's signature Date	
<u>Human Resources Use Only</u>	
Eligibility Met: Y / N Received by HR:/ Final Grades Detailed Payment Receipt Benefit Eligible: Y / N Approved / Declined Reason for Declination:	N
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