



Application for Tuition Assistance

Name _____ Date _____

Department _____ Position _____ Date of Hire _____

Highest Degree Earned to Date: High School 2-Yr College 4-Yr College Master's

Name of Educational Institution You Plan to Attend _____

College Address _____

Course(s)	# of Credits	Cost/ Credit	Dates of Course(s) From - To	Days/Time Class Meets
1)		\$		
2)		\$		
3)		\$		
4)		\$		

Tuition Total \$ _____

Check One: Degree Program
 Non-Degree Program

Semester: Spring Fall Other
 Summer Intersession

Specify Degree (BA, MBA, etc.) _____

Major Subject _____

How does this course relate to your current or potential job responsibilities?



Employee Tuition Assistance Agreement

I, _____, have been made aware and understand my financial obligation to EEDA in the event that I voluntarily terminate my employment before twenty-four months after the completion of a course, for which I have received reimbursement. I understand that tuition repayment, or terms for repayment, must be satisfied before the final paycheck is issued.

Financial Obligation

Employee must agree to continue regular, full-time employment with EEDA for twenty-four (24) months beyond the date a course was completed to be relieved of any financial obligation for reimbursement received. If the twenty-four (24) month period is not met, the following repayment obligation applies:

Time from Course Completion	Reimbursement due EEDA
First 6 months	50% of reimbursement
Second 6 months	37.5% of reimbursement
Third 6 months	25% of reimbursement
Fourth 6 months	12.5% of reimbursement

Signature of Employee

Date