



CITY OF NEW HOPE
EDUCATIONAL ASSISTANCE PROGRAM

APPLICATION

Employee Name: _____	Date of Employment: _____
Position: _____	Department: _____
School Name: _____	
School Address: _____	
Course: (Attach a copy of course description and credit hour costs. If private institution, also attach per credit hour costs for a comparable course at a public institution.)	
Department: _____	Course No: _____
Course Name: _____	Credit Hours: _____
Applies to: <input type="checkbox"/> Degree Program <input type="checkbox"/> Professional Registration <input type="checkbox"/> Continuing Adult Education	
Private Tuition: _____	Public Tuition: _____
Anticipated Benefits from Course: _____	
Estimated Costs: _____	Fees: _____
Textbooks: _____	
I am am not eligible for other educational assistance entitlement.	
I have read the City's Educational Assistance Program and I understand the terms for reimbursement.	
Employee Signature: _____	Date: _____

REIMBURSEMENTS

Total Tuition Cost: _____	Total Eligible Reimbursement at 75%: _____
Reimbursement to be charged to: _____.	
Requested Reimbursement upon Enrollment at 50%: _____	
Department Head Signature: _____	Date: _____
Requested Reimbursement upon Completion at 25%: _____	
Department Head Signature: _____	Date: _____

APPROVALS

I do do not approve this Application for Education Assistance.	
Department Head Signature: _____	Date: _____
I do do not approve this Application for Education Assistance.	
City Manager Signature: _____	Date: _____