

Appendix J

**SSAACCC Tuition Reimbursement Application**

(Must be typed and complete)

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ CWID# \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Staff Position: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

College Attending: \_\_\_\_\_ Campus Location: \_\_\_\_\_

**These documents (copies) are required:**

- 1) cover page of college catalog
- 2) course description from catalog
- 3) registration form & payment proof (credit card bill or paid receipt with acct # blacked out)
- 4) final grade report (send ASAP)

Courses you plan to take:

Course Title	Course Number	Credits
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
		Total Credits _____

\$ \_\_\_\_\_ Tuition Cost Per Credit

\$ \_\_\_\_\_ Total Tuition Charges (no fees)

Application is due within 30 days of the beginning of each ACCC trimester. (i.e., Oct. 1, Feb. 1, June 30)

Have you received tuition aid through PELL \_\_\_ TAG \_\_\_ Scholarship \_\_\_ Student Loan \_\_\_ None \_\_\_

**Reimbursements for the entire fiscal year are made on or about June 30.**

*Committee Use Only* Date application received: \_\_\_\_\_ Date grades received: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Denied (Reason for denial) \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_ Date completed for payment: \_\_\_\_\_