

# Ensign Tuition Reimbursement Program Application

\*\*\*\*Completed application must be submitted to Scholarship America prior to the class start date for approval.\*\*\*\* You need to keep this application to request reimbursement upon course completion. **PLEASE PRINT** — illegible writing may delay the processing of your application.

## Employee Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Emp ID# \_\_\_\_\_ Facility/location \_\_\_\_\_ Email \_\_\_\_\_  
 Hire Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Employment Status:  Full-Time  Part-Time  
 Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## School Data

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Degree Sought:  
 Associate  Bachelor  Graduate  Certification  CEU's Major/Certification \_\_\_\_\_

Expected graduation date (mm/yy): \_\_\_\_\_

**Part A:** Complete prior to course start date

**Part B:** Complete ONLY after course completion

Course Number	Course Title	Number of Credits	Course Dates (month/day/year)		Estimated Tuition Costs	Actual Tuition Costs	Grade
			Start	End			
1.			/ /	/ /	\$	\$	
2.			/ /	/ /	\$	\$	
3.			/ /	/ /	\$	\$	

I am...  I am not... receiving other financial aid such as scholarships, grants, or V.A. benefits.

Type of financial aid (if any) \_\_\_\_\_ Amount of aid (if any) \$ \_\_\_\_\_

## Employee Verification and Authorization

*I acknowledge I have answered all questions truthfully and accurately. I understand that falsification, misstatement, or omission of information on this application will lead to disqualification for receipt of tuition reimbursement benefits and/or may result in disciplinary action up to and including termination of my employment. I authorize the educational institution named in this application to release transcript and fee information to Scholarship America, if requested. In the event that I am terminated or I voluntarily terminate employment within one year after my last reimbursement, I will be responsible for repaying monies distributed in the prior twelve (12) months within thirty (30) days from the last day of employment.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supervisor Approval

*I certify the employee meets all of the eligibility requirements of the Program and is pursuing a program of study that (1) is job-related or (2) enhances the skills relevant to the employee's current position or prepares the employee for future assignment within the company. I also verify that the employee is a full-time or part-time employee who has successfully completed one year of employment and has received a satisfactory or higher rating in each category on the last performance review.*

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Supervisor Name \_\_\_\_\_

## Request for Reimbursement (complete after course completion)

Within sixty (60) days after course completion, complete Part B of the School Data section on the application and send the application and required documentation by fax, mail or email (scanned documents) using the contact information listed below:

- Grade report for completed course(s) — **must** include the student and school's names
- Fee statement from school itemizing tuition and fees for each course — **must** include the student and school's names
- Receipts for textbooks – receipts **must** have the seller's name imprinted

**PLEASE FAX, MAIL OR EMAIL YOUR COMPLETED FORM TO SCHOLARSHIP AMERICA.**

**Address: Ensign Tuition Reimbursement Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

Phone: 800-537-4180

Fax: 507-931-2103

Email: [ensign@scholarshipamerica.org](mailto:ensign@scholarshipamerica.org)