

**ANDROSCOGGIN HEAD START AND CHILD CARE
SUPPORT FOR EDUCATION**

Name: _____ Address: _____

Phone: _____ Job Title: _____ Center: _____

Supervisor: _____

Hire Date: ____ / ____ / ____ Today's Date: ____ / ____ / ____

This is to verify that I have applied for outside funding through: FAME, VA, Maine Roads scholarships via public or private institutions. Copy of my application is attached. Amount received or will be receiving \$ _____ per year, per semester.

Where applied: _____ Amt. requested \$ _____

_____ Amt. requested \$ _____

Date: _____ Signature: _____

COURSE INFORMATION

Course No.	Course Title	Credit Hours	Tuition
_____	_____	_____	\$ _____
		Fees (please specify):	\$ _____
		Book fees:	\$ _____

Name and Address of Institution:

Course Location: Online Live/In Person Combination

Does this course occur during your regular work schedule (including online classes)? Yes No

• If yes, Day(s) of week _____ Time of Day _____

Copies of grades must be submitted to Human Resource Office within one week of receipt.

Please explain how this course fits into your professional goals: _____

(OVER)

I have read and I understand the provisions of the Tuition Assistance Plan. I further understand that failure to comply with this policy will result in the amount advanced being due and payable to Androscoggin Head Start and Child Care within 30 days after the end of the semester or close of conference or seminar. If I fail to remit the full amount advanced in accordance with the general provisions of the Tuition Assistance Plan, or if I terminate employment before grades are received, the amount advanced will be deducted from my paycheck. In addition, I agree to teach or work in the agency for a minimum of three years after completion of the course for which financial assistance has been provided or repay the total of the financial assistance received for the 3 years prior, based upon course completion date. I verify that I have received a copy of the General Provisions of the Tuition Assistance Program and a copy of this application.

Employee's Signature: _____ Date: ____ / ____ / ____

EMPLOYEE FORWARD TO IMMEDIATE SUPERVISOR

FOR AGENCY USE ONLY

Supervisor's Recommendation: [] Approved [] Denied

Please comment on above recommendation:

Supervisor's Signature: _____ Date Signed: _____

Approved [] Denied Human Resource Manager on: ____ / ____ / ____

Amount authorized to be advanced \$ _____ OR College will bill \$ _____

OR

Letter sent to Employee regarding educational support. Date: ____ / ____ / ____

Human Resource Checklist: Employee Grade: _____

If less than a "B" grade, "Incomplete" or "Fail" payment due _____
Date

Human Resource Manager sent letter _____
Date