

EDUCATIONAL ASSISTANCE APPLICATION

Name _____

Date of Hire _____

Date of Application _____

I request approval to take the following course(s) under the Educational Assistance Program:

Course Name(s) _____

School _____

Reason for taking course(s) _____

Beginning Date _____

Completion Date _____

Schedule _____

I understand that I must furnish HR verification of course cost. Payment of tuition will be paid 50% up front and the remaining 50% will be paid upon completion of the course. I also understand that if I leave staff employment with Fellowship Bible Church within 12 months of payment of tuition, I will be required to refund the current year amount.

Employee Signature _____ Date _____

Overseer Approval _____ Date _____

Central Leadership Team Approval Approved Disapproved

Reason: _____

Does this application meet the established guidelines of the Educational Assistance Program?

 Yes No

Is this a budgeted amount?

() Yes () No

Signature _____ Date _____

Human Resource Department Approval

Human Resource Director Approval _____

Date _____

Original to Employee File. Copy to Payroll.