

# Ensign Affiliate Tuition Reimbursement Program Application

Please send the initial copy of completed application prior to the course start date to [benefits@ensignservices.net](mailto:benefits@ensignservices.net). You will 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 \_\_\_\_\_  
 Employee Number \_\_\_\_\_ 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	Actual Book Costs	Grade
			Start	End				
			/ /	/ /	\$	\$	\$	
			/ /	/ /	\$	\$	\$	
			/ /	/ /	\$	\$	\$	

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 Ensign Services, Inc., if requested. In the event that I am terminated or I voluntarily terminate employment within one year after my last reimbursement, I acknowledge monies distributed in the prior twelve (12) months will be deducted from my final check. If there is a remaining balance, I will be responsible for repaying monies within thirty (30) days from the last day of employment to my location.

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

## Executive Director 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.

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 EMAIL YOUR COMPLETED FORM TO [benefits@ensignservices.net](mailto:benefits@ensignservices.net)**