EDUCATION ASSISTANCE PROGRAM APPLICATION

This completed application, including all appropriate documentation must be submitted to the Human Resources Department prior to the beginning of each quarter/semester for which reimbursement is being requested.

PLEASE PRINT

TYPE OF EDUCATION ASSISTANCE REQUESTED

☐ Tuition Reimbursement ☐ Scholarship/Buyout ☐ Lic/Cert Exam Reimbursement ☐ Continuing Training

EMPLOYMENT DATA

Name: _____Employee#_____
Last First

Department Name/Ext:_____ Job Title:_____

Address:_____Phone #:_____

FINANCIAL

Are you receiving support from any source other than SGMC? Yes_____ No_____ If yes, please explain _____

Have you received prior education assistance from SGMC? Yes_____ No_____ If yes, when _____

EDUCATION

I plan to attend _____ for the _____quarter/semester, _____
(School Name) ***(Year)***

My major is _____Projected graduation date is_____

I am working toward: Associates Degree _____ Bachelors Degree_____ Masters Degree _____ Doctorate Degree _____
Other (Please Specify)_____
Course(s) to be taken this quarter/semester _____
_____Are any of these repeat courses? Yes_____ No _____
If yes, please specify (SGMC will not pay for a repeat course)_____

IF PRIOR EDUCATION ASSISTANCE HAS BEEN RECEIVED, A CURRENT GPA MUST BE ATTACHED OR ON FILE.

PLEASE READ THE AGREEMENT BEFORE SIGNING

I have read and understand SGMC's Education Assistance Policy, PPP# 66. As an SGMC employee, should my employment status change to a non-benefited position during this quarter/semester, I understand that I will not be eligible for education assistance as requested on this application. By signing this agreement, I hereby accept the terms, conditions and work agreements required in the above stated policy.

Employee's signature _____ Date _____

Human Resources Use Only

Eligibility Met: _____ Amount Due:_____
Approved: _____ Declined:_____ Reason for Declination:_____
Signature/Date:_____