



Educational Assistance Application

Date: _____

Employee name: _____

Job title: _____

Course title: _____

Course dates: _____ to _____

Degree sought (if applicable): _____

Name of institution: _____

Address of institution: _____

Course Expenses:

Tuition: \$ _____

Fees \$ _____

Books/materials \$ _____

Total cost \$ _____

Development objective (what long-term goal is this program/course intended to help you reach):

If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

I understand if this request is approved, reimbursement will be contingent upon successful completion (a grade of B or better) of each course and submission of all receipts and paid bills. Reimbursement is offered at a maximum amount of \$2,500.00 per year. I further understand that by accepting educational assistance from Life Centers of Kansas, I will be required to sign an employment agreement with the Company. Failure to successfully fulfill the employment agreement will result in the employee's obligation to repay the amount of tuition assistance received.

Life Centers of Kansas, LLC. Educational Assistance Application



Employee Signature

Date

HUMAN RESOURCE DEPARTMENT

Approved Not approved

Reason: _____

Does this application meet the established guidelines of the educational assistance program policy?

Yes No

Was this expense included in the department budget?

Yes No

Department manager signature

Date

EXECUTIVE DIRECTOR APPROVAL

This request is Approved Not approved



Reason (if not approved): _____

Executive Director signature

Date

EDUCATIONAL REIMBURSEMENT
(to be made after successful completion of course(s)
with a grade of B or higher)

Date of Payroll: _____

Reimbursement in the amount of \$ _____ is approved.

Expenses should be charged to: _____

Documentation of successful completion attached: Yes No

Accounting manager signature

Date