



## Tuition Assistance Program APPLICATION FORM

### Section A: Applicant/Employee Information

Name (Print) \_\_\_\_\_ Request Date \_\_\_\_\_

Current Position \_\_\_\_\_ Hire Date \_\_\_\_\_

School Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Section B: Course/Program Information

Check one:  Seminar  College Course  Workshop  Conference  Other: \_\_\_\_\_

Title \_\_\_\_\_

School or Organization \_\_\_\_\_

Start Date \_\_\_\_\_ Total Hours Training \_\_\_\_\_

Type of Program: Certificate or Degree \_\_\_\_\_ Cost: J\$ \_\_\_\_\_

What specific knowledge or skill do you expect to learn?

\_\_\_\_\_  
\_\_\_\_\_

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities at work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### Section C: Approvals

**Review and approval based on appropriateness, cost, and quality of training.**

JAMPACT Education Chair \_\_\_\_\_ Date \_\_\_\_\_

JAMPACT Treasurer \_\_\_\_\_ Date \_\_\_\_\_

JAMPACT President \_\_\_\_\_ Date \_\_\_\_\_