

**AHRC- Nassau County Chapter
Training and Professional Development Department**

TUITION INCENTIVE APPLICATION
APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2024
(CIRCLE ONE)

FOR QUESTIONS CONTACT: SUPRENA JOSEPH at tuition@ahrc.org or 1-516-293-2016 x 5145

Employee Information: All fields must be completed	
Name:	Program/Department:
Home Address:	No. of hours scheduled per week:
Job Location:	Position:
Hire Date:	Daytime Telephone No.:
	Email Address:
College/School Information: All fields must be completed	
Course(s) to be taken this semester:	
Intended Degree and Major:	Status in College/School (please check one): ___ P/T ___ F/T ___ Non-matriculated
Name of College/School:	#Credits this semester: _____
In a couple of sentences please explain how you intend to use this degree at AHRC: _____ _____	
Are You Receiving Any Other Form of Tuition Assistance? No _____ Yes _____ If yes, please specify:	Total amount of awards, scholarships, grants, etc. (not including loans): _____
Please check one: ___ I have worked for the agency for 6 months to 3 years ___ I have worked for the agency for 3-5 years ___ I have worked for the agency for 5 years or more	
Authorization:	
<i>As a condition of receiving tuition assistance, I agree to remain in the employ of AHRC for at least one year from the date of the last payment I receive or I will be subject to repayment to AHRC the total amount of tuition incentive monies received from AHRC.</i>	
**Employee's Signature:	Date:
Program Director's Signature: ____ APPROVED ____ NOT APPROVED/REASON	Date:

****PLEASE COMPLETE ALL INFORMATION INCLUDING YOUR PROGRAM DIRECTOR'S SIGNATURE. RETURN THE COMPLETED TUITION APPLICATION AND REIMBURSEMENT POLICY ACKNOWLEDGEMENT TO: SUPRENA JOSEPH
PLAINVIEW MAIL DROP # 37 OR FAX 516-470-9056**