

**THE CITY OF LAKE FOREST
EDUCATIONAL ASSISTANCE APPLICATION**

NAME: (Last, First, Middle) _____

DATE: _____

DEPARTMENT:

DATE EMPLOYED:

(Regular, Full-Time) _____

POSITION:

EMPLOYEE #: _____

REQUEST FOR:

_____ Course Approval

_____ Credit Approval

(Submit grade transcript and receipts with application)

INSTITUTION/SCHOOL/COURSE SPONSOR:

Name: _____

Type of Degree: _____

(Associates, Bachelors, Masters)

Course Requested

Note: Attach brochures, pamphlets, etc.

Completion

(Mo./Yr.)

Semester Hours

or Equivalent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REIMBURSEMENT REQUESTED:

a.	Tuition	\$ _____
b.	Training Costs	\$ _____
c.	Other Expenses	\$ _____
d.	Total	\$ _____

Are funds available from other sources?

_____ Yes _____ No

I understand that if I am participating in a degree program,
I will be responsible for repaying a portion or all of the cost
should I not fulfill the time requirement (Dir. 2-9).

Applicant's Signature

Date

_____ **Course Approval**

_____ **Tuition Reimbursement Approval** % Amount _____

Acct. # _____

HR Use Only

Original Finance

Personnel File

Copies: Employee

Dept. Head

Personnel File

Date

Rev 5/2019

Director of Human Resources