

WARREN COUNTY SCHOOLS APPLICATION
Tuition Reimbursement Award
\$1200 per year

Employee's Name: _____

Social Security Number: _____

School Employed: _____

Name of Course Taken: _____

Semester Course was Taken: _____

Name of College/University: _____

Grade Earned: _____

Cost of Course(s): _____

Amount to be paid: _____

Note: Please attach proper information for reimbursement. (Grade sheet, itemized bill and receipt of payment)

Signature: _____

Director for Human Resources

Account Code: _____

Date: _____

Date submitted to Finance Department: _____