



Kent County Levy Court

555 Bay Rd
Dover, DE 19901
Personnel Office: 302-744-2310

HIGHER EDUCATION TUITION ASSISTANCE APPLICATION

NAME _____ DATE _____

HIRE DATE _____ LAST 4 OF SSN _____

JOB TITLE _____

DEPARTMENT _____ DIVISION _____

I intend to register and will attend classes at the accredited institution(s) listed below. The registration date is and therefore, I request approval in advance of that date.

COURSE #	COURSE NAME	CREDIT HRS	TUITION \$	COLLEGE/UNIV

My expected date of graduation is: _____ with a(n) _____ degree in _____

- Educational assistance is not available to me under the GI Bill or a scholarship grant.
- Educational assistance is available to me through an outside source; therefore, my participation in Kent County's program is only to the extent of tuition not covered.

I understand that I must attain a grade of a C or better in each course in order to be eligible for up to 75% reimbursement (fiscal year maximum of \$750 for undergraduate course(s) or \$1,000 for graduate course(s)), in return for which I agree to continue my employment with Kent County for a minimum of one (1) year following the course completion date. Further, I understand that if I fail to complete one (1) year of employment, then I must repay Kent County the total amount of the reimbursement. Upon completion of each course, I will submit copies of the required grade reports and tuition payment receipts to the Personnel Office for consideration for reimbursement. By my signature below, I certify that I understand the information contained herein and authorize Kent County Levy Court to withhold the full amount of the course(s) reimbursed within the last calendar year from my final paycheck, if I terminate my employment before the conclusion of one (1) calendar year following any course(s) completion.

Employee Signature *Date*

Department Manager Approval Signature *Date*

Personnel Director Approval Signature *Date*

Refund Amount \$ _____

Date processed _____