

## EDUCATION ASSISTANCE AWARD PROGRAM APPLICATION

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Name	<input type="text"/>	Day Phone	<input type="text"/>
Address	<input type="text"/>	Evening Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
		E-mail	<input type="text"/>

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### Employment

Position Title	<input type="text"/>
Short job description.	<input type="text"/>

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### Course Information

Course Title	<input type="text"/>	Course From Dates (Mo/Yr)	<input type="text"/>	To (Mo/Yr)	<input type="text"/>
Institution Providing the Course	<input type="text"/>				
Course Description	<input type="text"/>				
Explain why you took or want to take the course, how it furthers your professional goals, and how the course will improve your ability to perform your current job.	<input type="text"/>				

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## Course Cost and Reimbursement

Reimbursement rate is 50% of Net Cost, up to a maximum allowable cost per year (Fall-Summer semesters) of \$500. Copies of receipts are required for all costs.

Tuition & Fees	<input type="text"/>	Total Cost	<input type="text"/>
Books	<input type="text"/>	Less: Other Reimbursement	<input type="text"/>
Other (explain below <sup>+</sup> )	<input type="text"/>	Net Cost	<input type="text"/>
Total Cost	<input type="text"/>	Reimbursement Amount	<input type="text"/>

+Other

Are you receiving any other money to reimburse the costs of this course? Yes  No

If yes, please provide the source and dollar (\$) amount.

**All information included on and attached to this application is current and complete to the best of my knowledge.  
By signing below, I certify that I am an active member of CFMA (see CFMA bylaws, Article IX, Section 2).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date