

UNIFIED FIRE AUTHORITY TUITION ASSISTANCE PROGRAM APPLICATION

Quarter/ Semester _____ Year _____ Phone (work) _____

Name _____ Social Security # _____

Job Title _____ Division/Bureau _____

I am eligible for other Financial Aid: Yes No, if yes, list: _____ Amount: _____

I will be attending (*school name*): _____

I am currently working towards a: MASTERS BACHELORS ASSOCIATES Major _____

Has your degree major changed since your last application? Yes No

I am not working toward a degree, but I am taking a class that relates to my current job: CLASS-ONLY--(Please explain how this course relates to your current job) _____

COURSE TITLE & NUMBER	CREDITS	CLASS START DATE	TUITION COST, LAB FEES

I hereby make application for admission for the Unified Fire Authority (UFA) Tuition Assistance Program. I understand and agree that all courses will be pursued on my own time. If attending the above courses requires an adjustment in my work schedule, I certify that such arrangements have been made with my supervisor. I further certify that the course work for which I am applying will benefit me in my current position and/or is needed for the completion of my degree. I agree that I am responsible for any federal or state tax liability. In the event that I terminate employment with the UFA, either voluntarily or involuntarily (except in cases of reduction-in-force) I agree to refund to the UFA monies received by me during the one year period preceding my date of termination. I agree that the UFA may withhold from my termination pay and/or annual leave reimbursement any tuition repayments due from me. If I received any funds in advance of taking the course work, I further agree that I will repay those funds to the UFA in the event that, (1) I fail to complete the course work; or (2) I fail to pass any of the course work with at least a grade of "C". I agree that the UFA may withhold these monies from my paycheck if these funds have not been repaid within 30 days from my withdrawing from the course or my completing it with less than a "C". See Personnel Policy # 6230: Tuition Assistance Program for eligibility and procedures. An application must be submitted for each quarter/semester for which assistance is requested.

I certify that I have read and understand the above statements and that to the best of my knowledge this application is complete and correct. I further understand that falsifying this application can be grounds for suspension from the Tuition Assistance Program and could also be grounds for disciplinary action.

Applicant's Signature: _____ Date: _____

Submit this application directly to Personnel Chief

APPROVAL

- employee eligible application received on time school approved budget available UFA sponsored training alternative field of study approved based on: not available
- classes relate to position
 - Associate degree counts toward an eligible Bachelor degree
 - Bachelor degree eligible & will likely be used by the UFA
 - Graduate degree eligible & will likely be used by the UFA
 - Doctorate degree/class endorsed by Fire Chief

Personnel Chief: _____ Date _____ Payroll Coordinator: _____ Date _____

Chief Financial Officer: _____ Payment in the amount of \$ _____ will be posted on the _____ paycheck