

PHMA TUITION REIMBURSEMENT REQUEST FORM

Please read ALL instructions carefully and then complete the information below.

This application form has text fields that enable you to type, save and print your document.
Mail completed form to: PHMA Tuition Program, 154 Fort Evans Road NE, Leesburg, VA 20176

If you have questions, call: 703-771-1888. **Please type or print clearly!**

TO APPLY FOR A COMPLETED CLASS:

1. Complete and submit this Reimbursement Request form within three months of the last day of class.
2. Submit a Grade Report* for the class with successful completion (Grade C or better OR Pass if a Pass/Fail class).
* Copy of Grade Report with name of college or institute or recent school transcript.
3. You will be notified by letter of acceptance or denial within 30 days of request.

TO APPLY FOR A FUTURE CLASS:

1. Complete and submit this Reimbursement Request form within 60 days of the first day of class.
2. You will be notified by letter of acceptance or denial within 30 days of request
3. Within 30 days of completion of class submit a Grade Report to PHMA. Failure to submit a passing Grade Report will result in you returning the total sum of expenses for tuition, books and fees to PHMA. This will also make you ineligible for future grants.

APPLICANT INFORMATION

Full Name of Applicant: _____

Home Address: _____

City, State, Zip: _____

E-mail: _____

Telephone: _____ PHMA Member Number: _____

Position: _____ Service: _____

Education Information _____

Name of College or Institute: _____

Name of Course: _____

Brief Course Description: _____

Date Taken: _____ OR Date Planning to Take: _____

Relevance to Current Position or Career Goals: _____

Cost of Course: _____ Cost of Additional Materials: _____

I hereby acknowledge that the information submitted is accurate and complete to the best of my knowledge and that any misrepresentation of information will result in repayment of the total tuition reimbursement.

I understand that submitting this application does not guarantee that I will be receive tuition reimbursement from PHMA.

If selected as a tuition reimbursement recipient, I grant permission for my name, information, image or likeness to be used in press releases, Web sites, publications or other media outlets identifying me as a recipient of the PHMA Continuing Education Tuition Reimbursement Program.

X Applicant's Signature: _____ Date: _____