



APPLICATION FOR TUITION REIMBURSEMENT

Employee Name: _____ Dept: _____

Date of Hire: _____ Date of Request: _____

Education Institution Name: _____

Course Name & Number: _____

Provide a brief course description and state how it meets Hilltop's eligibility criteria:

Financial aid available: -Grant -Loan -Scholarship Value: \$ _____

Tuition Fee: \$ _____ Amount Requested: \$ _____

Is this your first request? -Yes -No

If No, date of last request: _____ Total of previous benefits: \$ _____

Have you attached a copy of course registration or final grades? -Yes -No

Employee Signature: _____

Routing Instructions:

1. Supervisor Signature: _____ Date: _____

2. Manager Signature: _____ Date: _____

Disposition of Check: _____

3. Senior Manager Signature: _____ Date: _____

-Denied -Approved Amount Authorized: \$ _____

Accounting Department:

Date check Issued: _____ Check #: _____ Amount: \$ _____

Account Code: _____ Approval: _____