

**TREE OF LIFE CHRISTIAN SCHOOLS**

Submit completed form to your principal by April 23, 2010

**FACULTY CONTINUING EDUCATION ASSISTANCE APPLICATION  
2010-2011 School Year**

Teacher/Admin. Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Course(s) or Topic	No. Credit Hours	Approx. Tuition Cost	College/University
Summer term 2010			
Fall term 2010			
Winter term – 2011			
Spring term – 2011			

***I have read and fully understand the Tree of Life Education Assistance Policy:***

\_\_\_\_\_  
Employee Date

*For office use only:*

This application is approved for tuition reimbursement for \_\_\_\_\_ percent of the approximate tuition cost.

\_\_\_\_\_  
Superintendent Date

Paid: Check number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Paid: Check number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Paid: Check number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_