



**FACULTY CONTINUING EDUCATION  
ASSISTANCE APPLICATION  
2011- 12 School Year**

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

Please submit completed form to your principal by April 22, 2011

| Name of Course(s) or Topic | Term Taken (ex. fall) | No. Credit Hours | Approx. Tuition Cost | College/University |
|----------------------------|-----------------------|------------------|----------------------|--------------------|
|                            |                       |                  |                      |                    |
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|                            |                       |                  |                      |                    |

*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: \_\_\_\_\_