



WASHINGTON COLLEGE

**WASHINGTON COLLEGE
EDUCATIONAL ASSISTANCE PROGRAM REQUEST**

NAME: _____

SS NO: _____

JOB TITLE: _____

DATE OF HIRE: _____

TERM: _____

FALL
SPRING
SUMMER

ACADEMIC YEAR: _____
UNDERGRAD COURSE(S): _____
GRADUATE COURSE(S): _____

NUMBER OF CREDIT HOURS: _____

NAME(S) OF COURSE(S) TO BE TAKEN

EXPLAIN HOW COURSE(S) RELATE(S) TO PRESENT JOB OR FUTURE GOALS

NAME OF SCHOOL

ADDRESS, CITY, STATE, ZIP CODE

REIMBURSEMENT REQUEST*: PLEASE ATTACH COPY OR CURRENT INVOICE/RECEIPTS

1. COURSE TUITION: \$ _____

2. COURSE BOOKS, FEES, RELATED ITEMS: \$ _____

3. TOTAL WASHINGTON COLLEGE EDUCATIONAL ASSISTANCE REQUEST: \$ _____

4. TOTAL FROM NO. 3 MULTIPLIED BY .75 (MAXIMUM OF \$1,000/FISCAL YEAR)\$ _____

***SUBJECT TO BUDGET AND AVAILABILITY**

REQUESTED BY:

APPROVED BY:

APPROVED BY:

APPLICANT

DEPARTMENT HEAD

HUMAN RESOURCES

DATE

DATE

DATE