

Faithbridge Church

EDUCATION ASSISTANCE APPLICATION



EMPLOYEE INFORMATION	
Name:	Job Title:
Department:	Date of Hire:
Full-time employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	
COURSE INFORMATION	
Course Title:	School/Institution:
Course Code:	Cost of Tuition:
Start Date:	Cost of Books:
End Date:	Total Cost:
Degree Sought: <input type="checkbox"/> Type:	Certification Course: <input type="checkbox"/>
Single Course for Development: <input type="checkbox"/>	Correspondence Course: <input type="checkbox"/>

RATIONALE:

How is this course related to your present position?

Is this course part of a longer-term degree program which is considered helpful in your service to Faithbridge? If so, provide rationale.

EMPLOYEE AGREEMENT:

If approved, reimbursement will be made at the conclusion of the course provided:

- The employee presents the official grade record or certificate as evidence of completion of the course.
- The employee submits itemized receipts documenting all approved expenses within 30 days of the conclusion of the course.
- The employee has fulfilled job requirements if course(s) are attended during normal work hours.

By signing this form, I have read and understand the criteria stated in the Education Assistance Policy. I agree that in the event of my resignation or termination, I must repay Faithbridge Church any reimbursement received in the twelve months prior to my resignation or termination date.

Employee Signature:

Date:

Supervisor (if applicable):

Date:

Executive Pastor Signature:

Date:
