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**Tuition Assistance Reimbursement**

**CHECK REQUEST FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | |
|  |  | | | | | | | |
| Address: | |  | | | | | | |
|  | |  | | | | | | |
| Department: | | |  | | | | | |
|  | | |  | | | | | |
| Phone: |  | | | | Email: |  | | |
|  |  | | | |  |  | | |
| College/Institution Attended: | | | |  | | | Academic Year: |  |

Semester:  Spring  Summer  Fall Is this your last semester?  Yes /  No

**Course Information**

***>>*** *Please attach a copy of a grade report or an unofficial transcript for the classes taken. (*Screen prints are acceptable provided the applicant's name appears on the electronic print-out.)

|  |  |
| --- | --- |
| Course: | Grade: |
|  |  |
|  |  |
|  |  |
|  |  |

**Tuition Information**

***>>*** *Please attach a full statement/account summary of* ***tuition costs and payment*** *for this semester.*

|  |  |  |  |
| --- | --- | --- | --- |
| Total Tuition Cost (this semester): $ |  | Total Amount Paid (by recipient): $ |  |

**Breakdown of Additional Assistance**

(e.g. Federal Pell Grant, Federal SEOG, scholarships, etc. This *does not* include student loans.)

|  |  |
| --- | --- |
| Type of Assistance: | Amount: |
|  |  |
|  |  |

**Reimbursement Information**

|  |  |  |
| --- | --- | --- |
| Amount of Reimbursement Requested: $ |  | (approved amounts do not exceed $500) |

Please send my check:  Via interoffice mail  To the address listed above

**I understand the application agreement and the terms listed below:**

* Only the courses listed on your application are eligible to receive reimbursement.
* Requests must be submitted to the Account & Foundation office within 30 calendar days from the date of course completion.
* Undergraduate courses receiving below a grade of “C”, and graduate courses receiving below a grade of “B” are ineligible for reimbursement. Courses using a Pass/Fail system should be accompanied by a copy of the institution's grading policy.
* Recipients who voluntarily separate from employment at Wake Technical Community College within one year of receiving tuition assistance will be expected to refund the Foundation for the amount received during the last one-year period. That amount could be held from your last pay-check.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Please accept my Electronic Signature |  | Date of Request |

**Please submit this completed form and attachments to**

**Lesia Johnson** [**lkjohnson@waketech.edu**](mailto:lkjohnson@waketech.edu) **and Heather Buck** [**hlbuck@waketech.edu**](mailto:hlbuck@waketech.edu)