

Institute for Career Development USW/Goodyear-Fayetteville, NC 5411 Ramsey Street, Suite C Fayetteville, NC 28311 910-568-5915 Ron Sandy, Site Coordinator

TUITION ASSISTANCE PLAN REQUEST FOR TUITION ASSISTANCE

| Name | | | | | | | | Clo | ock (| Card # | | |
|---|------------------|-------|------------------------------|----------------------------|-----------------|--|-----------------|---------------|-------|---------|---------|-------|
| Address | | | | | | | | City | , Sta | ate Zip | | |
| Telephone | | | | Mobile | | | | | Crew | | | |
| Email | | | | | | | Department | | | | | |
| Continuous | s Service Date | | | | | | | Last 4 SS# | | | | |
| | | Learı | ning Institution Information | | | | า | | | | | |
| Institut | ion Name | | | | | | Telephone | | | | | |
| Ad | dress | | | | | | City, State Zip | | | | | |
| Study Plans - Program Type | | | | | | | | | | | | |
| | Associate Degree | | | Continuing Education | | | | | | | | Other |
| | Bachelor Degree | | | | Graduate Degree | | | | | | | |
| Certificate | | | | High School Completion/GED | | | | | | | | |
| Online Course | | | | In-Class Course | | | | | | | | |
| Describe Each Course Covered by this Tuition Request for Assistance | | | | | | | | | | | | |
| Course Name(s) | | | | Course Number(s) Cred | | | Credi | it Hours Co | | Cost p | er Hour | Fees |
| | | | | | | | | | | \$ | | \$ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Term Beginning Date | | | | Term Ending D | | | ate | | | | | |
| Tuition Co | osts \$ | | Fee | Fees \$ | | | | Total Request | | \$ | | |
| I aaree that: | | | | | | | | | | | | |

* This request does not include tuition assistance from any other source.

* This request covers tuition and direct course related fees only. (Does not include application, material, equipment, parking fees or any other non-tuition costs.)

* I will attend classes on my own time.

* When I finish my studies, I will provide proof of completion, such as a grade report, to the Career Development Program. (Failure to do so will prohibit me from receiving further Tuition Assistance.)

| Signatu | ure | | | Date | |
|---------|-----|------|--|------|--|
| 2 | | | | | |

Please return the completed form to: ICD Office