



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		Clock Card #			
Address		City, State Zip			
Telephone		Crew			
Email		Department			
Continuous Service Date		Last 4 SS#			
Learning Institution Information					
Institution Name		Telephone			
Address		City, State Zip			
Study Plans - Program Type					
<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>	Continuing Education		
<input type="checkbox"/>	Bachelor Degree	<input type="checkbox"/>	Graduate Degree		
<input type="checkbox"/>	Certificate	<input type="checkbox"/>	High School Completion/GED		
<input type="checkbox"/>			Other		
Class Location					
<input type="checkbox"/>	Online Course		<input type="checkbox"/> In-Class Course		
Describe Each Course Covered by this Tuition Request for Assistance					
Course Name(s)		Course Number(s)	Credit Hours	Cost per Hour	Fees
				\$	\$
Term Beginning Date		Term Ending Date			
Tuition Costs	\$	Fees	\$	Total Request	\$

I agree 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.)

Signature		Date	
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Please return the completed form to: ICD Office