

Connecticut After School Network Tuition Reimbursement Application

Applicant Information *(Please print):*

Name:		Date:	
Address:			
City:		State:	Zip:
Home Phone:	Email:		

Course Information *(Please print):*

Name of course:	Semester/term start date: Semester/term end date: #Credits:
Name and location of College: Credential or Degree program in which you are enrolled:	Total Tuition fee: Amount Requested:

After School Program Information *(Please print):*

After School/Youth Program Name:	
Address of Program:	Phone:
Approved by Program Director/Board Chairperson:	

I understand the criteria for my application for tuition reimbursement:

Applicant Signature: _____

I understand the criteria for the above applicant's reimbursement of tuition and support them in this professional development opportunity:

Program Director/Board Chair Signature: _____