



## EDUCATIONAL ASSISTANCE APPLICATION FORM

Name \_\_\_\_\_ Lawson # \_\_\_\_\_

Unit # \_\_\_\_\_ Location Name \_\_\_\_\_

Job Title \_\_\_\_\_ Hire Date \_\_\_\_\_

I intend to register and will attend classes at the accredited institution(s) listed below. The last day to register is \_\_\_\_\_ and classes begin on \_\_\_\_\_, therefore, I request approval in advance of the first day of class.

Course #	Course Name	Credits	Tuition	Fees	Name of Accredited School

I understand that I must attain a passing grade in each course in order to be eligible for reimbursement. There will not be any tuition reimbursement if I fail the course.

I understand that the maximum reimbursement amount per calendar year is \$3,500.00.

Upon completion of each course, I will submit the necessary authorized grade reports and tuition receipts to the Corporate Human Resources Department.

My reason(s) for enrollment is:      Job-related      A part of a degree curriculum Major      \_\_\_\_\_

☐ Educational assistance is not available to me under the G.I. Bill or scholarship grant.

☐ Educational assistance is available to me through an outside source; therefore, my participation in the program is only to the extent of tuition not covered.

My signature below indicates that I have received (from my GM), read, understand and agree to adhere by Centerplate's Educational Assistance Program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**To be completed by Corporate Human Resources:**

\_\_\_\_\_  
Corporate H.R. Signature

\_\_\_\_\_  
Date

☐ Approved

☐ Rejected

If rejected, explain: \_\_\_\_\_

Date Application Received \_\_\_\_\_