



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 _____