



## TUITION REIMBURSEMENT REQUEST FORM

*Through The Marge Galante, R.N. Educational Scholarship Fund*

Name of Employee: \_\_\_\_\_

Center/Department: \_\_\_\_\_

Title: \_\_\_\_\_

I am requesting tuition reimbursement from the George G. Glenner Alzheimer's Family Centers, Inc.® for the following:

Institution Name: \_\_\_\_\_

Class Name: \_\_\_\_\_

Class Duration (list dates): \_\_\_\_\_

Class Times: \_\_\_\_\_ Tuition Amount: \$ \_\_\_\_\_

Please explain how course(s) are job-related:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

\_\_\_ Approved

\_\_\_ Not Approved

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Copies of final grades and documentation of tuition paid must be provided before reimbursement will be made.*