



MEMBER EDUCATION TUITION REIMBURSEMENT PROGRAM

The Executive Committee sets aside \$2,000 each year for education of NHCFAE members who participate in effort to better themselves through training or enrollment in educational programs. Applicants will receive reimbursement for successful completion of a program or course of higher education. The dollar amount reimbursed will be based on the number of members applying and the costs of the courses. There is no grade-level cap for members applying and only one application per member will be accepted each year.

Enrollment and completion of the program or course(s) must have been within the previous calendar year. Deadline for applications is May 1 of the current calendar year.

Applicants are to attach proof of payment to the educational institution and proof of course completion showing name, grade, and dates of enrollment.

NHCFAE MEMBER EDUCATION TUITION REIMBURSEMENT APPLICATION

(Deadline: Must be postmarked by May 1)

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Work Address: _____

Current FAA Job Title: _____

Position Series/Grade: _____

Describe current duties: _____

Supervisor's Name: _____ Phone No. _____

How long in Current Position: _____ Membership Status: Active/Associate
(Circle One)

How will training be used:

Course Title and No.: _____

School or Training Provider: _____

Amount Requested: \$ _____

(continued on following page)

DOCUMENTS REQUIRED:

(1) Itemized Course Costs: Copy of proof of payment to the educational institution must be attached. (Receipts must be submitted with Member Assistance Application by May 1 of each year. Assistance will be considered only for courses successfully completed the previous calendar year.)

(2) Proof of successful course completion, showing your name, grade and/or certificate of completion and date of completion must be attached to application form.

Write a short narrative about the objectives in taking this course. Indicate if objectives met.

Current Education Level: _____

Degrees now held: _____

SCHOLARSHIP TRAINING CONTRACT

My signature signifies that all information on my application and contained in my supporting documents is true and accurate.

SIGNED: _____ Date: _____

APPLICATION PROCEDURES: Submit this application with documents required, i.e., payment receipts and proof of successful course completion to:

**NHCFAE Tuition Reimbursement Program
PO Box 20663
San Juan, PR 00928-0663**