

# Fairview Park City Schools Tuition Reimbursement Application

Please complete the information below and attach the following:

- Official Transcript (photo copies not accepted)
- Receipt of Payment
- Printout of your LPDC Final Approval

A copy of this form will be sent to you upon final completion.



Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street
City
Zip

College/University: \_\_\_\_\_

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

Course Completion: \_\_\_\_\_  
Date
Course Credit Hours

New total of credit hours (including this course): \_\_\_\_\_



*To Be Completed by HR Office*

\_\_\_\_\_ Date Reimbursement Request Received

\_\_\_\_\_ Purchase Order No./Date

\_\_\_\_\_ Total amount of reimbursement (80% of course cost not to exceed \$2,000.00)

\_\_\_\_\_ Total FY\_\_\_\_\_ reimbursement amount for this individual

\_\_\_\_\_