City of Cabot
Educational Assistance Application Form

Employee Name: _____ **Department:** _____ **Hire Date:** _____

Educational Institution: _____

Date of Course: _____ **Undergraduate or Postgraduate** (Circle One)

Title of Course: _____ **Total Hours:** _____

Are you eligible for other financial aid such as scholarships or grant? **Yes** **No** (Circle One)
If yes, how much? _____

- **No tuition assistance will be provided for course work exceeding the equivalent of one year of postgraduate college work.**
- **Participation should be restricted to off-duty hours and is not to interfere with the normal performance of the employee's duties.**
- **Courses shall be limited to those the lead to improvement in job performance and/or apply to degree requirements related to the employee's current job duties or a foreseeable future position as determined by the Department Head.**
- **Course enrollment shall be limited to accredited institutions only.**
- **Expenses paid by the City shall include TUITION ONLY. Fees and books are not included.**

  Reimbursement will be based on the following scale:

  100% tuition reimbursement for letter grade A
  75% tuition reimbursement for letter grade B
  50% tuition reimbursement for letter grade C

_____ _____
Approval of Department Head: **Date**

- **I understand that I will be required to reimburse the City should my employment terminate, voluntarily or involuntarily, within one (1) year of participation in the Educational Assistance Program.**
- **I attest that the above information is accurate. Falsification of the above information could result in termation of employment.**
- **I understand that it is my responsibility to provide a copy of my official transcript and the tuition receipt upon completion of the course in order to receive reimbursement.**

_____ _____
Employee Signature **Date**

VERS: 12/04/06