

FLORIDA CONFERENCE  
OF THE UNITED  
METHODIST CHURCH



1140 East McDonald Street  
Lakeland, FL 38802  
863.688.5563

**Educational Assistance Request**

Before the start of classes, obtain recommendation from Supervisor and Department Head. Submit a photocopy from the school catalog describing the course(s), tuition schedule, and the completed application to your **HUMAN RESOURCES OFFICE**. On completion of the course(s), submit receipts for paid tuition, books/lab fees, and original certification of grades to the Human Resources Office for reimbursement. We will return certification of grades. **Application will not be considered for reimbursement unless form is completed in full.**

Name (Please Print)	Social Security #	Position	Employment Date		
Supervisor's Name	Department Head's Name	Department Name	Work Telephone		
Work Location Name and Address	If you are working toward a degree please check below and attach course or degree outline to this application. AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MBA <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other <input type="checkbox"/> : _____ What is your major: _____				
Are you receiving any other assistance for tuition? (Ex: VA Grant, scholarship) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how much? _____					
Name of School (please attach proof of accreditation)		Mail check to me at the following address:			
City: _____ State: _____		Address: _____ City: _____ State: _____ Zip: _____			
Complete Course Title	Course Number	Credit Hours	Course Dates From _____ To _____	Tuition Cost	Books/Lab
How are the above courses related to your present job?				\$ _____ Total	\$ _____ Total
<p><b>To determine the taxability of the courses in which you are enrolled, please provide the following information:</b></p> <p>Is this education a minimum requirement of your current job? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Will this education maintain or improve skills pertaining to your current job? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Will this education make you eligible for a new position that will require a different type of work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW</p> <p><b>NOTE:</b> Educational assistance participants are always solely responsible for their personal tax liabilities.</p> <p><b>BY SIGNING THIS FORM,</b> I acknowledge that the above information is true to the best of my knowledge. I understand that any misrepresentation or false statement made by me in connection with this application may result in disciplinary action up to and including termination.</p>					
Employee Signature _____				Date _____	

**RECOMMENDATIONS**  
To be completed by Supervisor

Describe applicant's duties:

---

---

Your evaluation of applicant's performance and the benefit you feel employee and Conference will derive from these studies (attach letter if necessary):

---

---

**APPROVAL**

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_ Department Head Approval \_\_\_\_\_ Date \_\_\_\_\_ Human Resources \_\_\_\_\_ Date \_\_\_\_\_

**HR USE ONLY**

**TAXABLE**

**NON-TAXABLE**