

BREVARD PUBLIC SCHOOLS

2019-2020 TUITION ASSISTANCE APPLICATION

BREVARD FEDERATION OF TEACHERS

**Date and Time Received
Professional Standards/
Labor Relations Use only**

A. EMPLOYEES, PLEASE COMPLETE THE FOLLOWING:

1. Name: _____

2. Employee Identification Number: _____

3. Official job description title: _____

4. Work site: _____

5. Type of degree or certification being pursued: _____

6. Name of the institution of higher education you are/will be attending:

7. How the course meets the tuition assistance criteria for your group:

8. When will the courses for 2019-2020 be completed (Date): _____

B. PRINCIPAL/DEPARTMENT HEAD, PLEASE COMPLETE THE FOLLOWING:

Principal/Department Head signature, which confirms that the employee is eligible for tuition assistance (based on criteria for his/her employee group, please refer to the program requirements under Section A, Items 1-8).

Yes, they are eligible: _____ No, they are not eligible: _____

Signature: _____ Date: _____