

Employee ID#: \_\_\_\_\_

Semester & Year: \_\_\_\_\_

# CITY OF LAREDO

## Application for Tuition Reimbursement Program

*(Please Print)*

Name: _____ Last                    First                    M	Department/Division: _____
Position Title: _____	Working Hrs./Days: _____
Date of Hire: _____ Month/Day/Year	Emp. ID# _____
Home Telephone #: _____	Work Telephone #: _____
Cellular Number: _____	

Is this your first (1st) time participating in the City's Tuition Reimbursement Program?  No  Yes

If **no**, provide the semester you began participating in this program: \_\_\_\_\_  
(i.e. Fall 2024)

Are you currently a Full-time employee?  No  Yes

Have you worked with the City of Laredo as a full-time employee for at least one (1) year?  No  Yes

Are you a veteran?  No  Yes

**If yes**, what branch of service and time periods served? \_\_\_\_\_

Have you applied for any type of Scholarship; Grant and/or Military Benefit(s) through or outside of the Financial Aid Office this semester?  No  Yes

Are you going to or will you be receiving any type of Scholarship; Grant; Military Benefit(s) and/or First Responders State/Federal Programs through or outside of Financial Aid this semester?  
 No  Yes

If yes, what source? \_\_\_\_\_

Current Academic Level: \_\_\_\_\_

Academic Objective:

GED/ESL

Associate                      Major/Minor: \_\_\_\_\_

Bachelor                        Major/Minor: \_\_\_\_\_

Master\*                         Major/Minor: \_\_\_\_\_

\* Subject to City Manager's Approval

Name of school you will be attending: \_\_\_\_\_

Is the school you will be attending accredited under The Commission on Colleges of the Southern Association of Colleges and Schools? (Verify at [www.sacscoc.org](http://www.sacscoc.org))    No    Yes Expected

Graduation/Completion Date: \_\_\_\_\_ **(Required)**

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**Certification:** I certify that I have answered all questions truthfully and completely to the best of my knowledge. I agree that my acceptance of any monies paid for tuition fees for the course(s) of study indicated in this application shall be subject to the terms and provisions of the City of Laredo's Tuition Reimbursement Program, including the payment provision. By signing this application, I am indicating that I am familiar with the requirements of the Tuition Reimbursement Program pursuant to the City's personnel policies.

This agreement in no way creates a contract for employment between myself and the City of Laredo, and this agreement is limited to the terms associated with my participation in the Tuition Reimbursement Program.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Date**

I, \_\_\_\_\_, Concur with this request. Date: \_\_\_\_\_  
**Department Director's Signature**

I, \_\_\_\_\_, do not concur with this request. Date: \_\_\_\_\_  
**Department Director's Signature**

**How will this course(s) be directly related to your employee's current job or future position within the City of Laredo? (Required by Director Only)**

\_\_\_\_\_  
\_\_\_\_\_

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**MANAGEMENT: (CITY MANAGER)**

**REQUIRED FOR MASTER'S DEGREE.**

Approved

Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City Manager Signature

\_\_\_\_\_  
Date