

**REHABILITATION HOSPITAL OF FORT WAYNE  
APPLICATION FOR EDUCATIONAL ASSISTANCE**

- Nursing Courses
- Non-Nursing Courses

**SECTION I:** *To be completed prior to commencement of course.*

Associate's Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Present Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
School/Institution: \_\_\_\_\_ Course Title: \_\_\_\_\_  
Date Course Begins: \_\_\_\_\_ Date Course Ends: \_\_\_\_\_  
Reasons for Attending the Course: \_\_\_\_\_

Tuition: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total Cost: \_\_\_\_\_

Are you pursuing a degree: \_\_\_\_\_ No \_\_\_\_\_ Yes  
Degree Name (Major/Minor): \_\_\_\_\_  
Number of hours completed to date: \_\_\_\_\_  
Other degrees previously completed: \_\_\_\_\_  
(Major/Minor)

List any financial aid: \_\_\_\_\_

Other courses taken this year under the Educational Assistance Program (if any):  
Amount of Reimbursement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE APPROVALS:**

Associate Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Dept. Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II:** *To be completed when course has concluded (attach grade report & receipts) if tuition was not paid in advance of courses.*

The following course(s) was/were completed on \_\_\_\_\_  
List course(s): \_\_\_\_\_ Grade received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Expenses:  
Tuition: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total Cost: \_\_\_\_\_  
Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
HR Department Approval for Payment \_\_\_\_\_ Date \_\_\_\_\_

**For administrative use only:  
Is this a qualified educational expense under IRS Guidelines?**