

Washington State School for the Blind Request for Tuition Assistance

Employee Name			
Department		Position	
Date			

Please approve my request for tuition and/or class fee assistance for the following class:

Name of School/Institution	
Course Title and Number	
Tuition Cost/Class Fees	
Beginning Class Date	
Ending Class Date	
Reason for taking this class	

Instructions/Process:

- This form must be submitted to your department head along with a copy of the course description and proof you applied for FAFSA.
- The course must have a clear and direct relationship to your current work or profession or your job effectiveness, and be designed to improve job performance in your current position or prepare for promotion or transfer into a related position. Your request must also include information from you.
- Once your recommendation has been reviewed by your department director, it will be forwarded to the WSSB Admin Team for approval.
- You will be notified if your request is approved or not. Upon approval, you will receive a signed copy of this form. Funds will be sent directly to the vendor.
- Once you have finished the course you will need to submit the signed approval form and a copy of your final grade.

Admin Team Representative Approval

Date Approved

Employee's Statement

Please provide a statement below (or attach a separate page) that explains how the course(s) and/or degree program you are pursuing is related to your current work or profession or how it will help with your job effectiveness and improve your job performance. If applicable, please also provide information about how this may prepare you for promotion or transfer into a related position.

Employee Signature

Date

For completion by employee's supervisor and department director

I **AGREE** that the class and/or degree program the employee is pursuing meets the guidelines and requirements of the WSSB's Tuition Assistance Policy.

I **DO NOT** feel the class and/or degree program the employee is pursuing meets the guidelines and requirements of the WSSB's Tuition Assistance Policy for the following reason:

Supervisor Signature

Date

Department Director Signature

Date

Return request form and supporting documents to Department Director.