Massachusetts Eye and Ear

Tuition Assistance Application

Must be received at least 10 days prior to the start of the course
Only legible applications will be accepted - *Indicates required information

_____
First Name* Last Name* Social Security Number (SSN)*

_____
Street Address* City* State* Zip Code*

_____/_____/_____/_____/_____/_____
Job Title* Date of Hire* Hours* Dept.* Ext.* Email*

Course Information: _____
School

_____
Degree Program Course Start Date Course End Date

Course Title	Tuition	
		Tuition Total:

Please explain the course relationship to your current job:

_____

Overall responsibility for fulfillment of the Equal Opportunity Policy and the Affirmative Action Program means that periodically we will conduct analyses of all personnel actions to ensure that we are living up to the stated intention. The following is optional but we would appreciate knowing. All results are reported in aggregate.
Race: _____ Gender: _____ Disabled: Yes / No Veteran: Yes / No

Prior to Course Start Date:

- The application must be received at Crosby at least 10 days before the start of the course. No late applications will be accepted.
- You must submit a description of the course you are taking from a current school catalog
- You must provide a copy of the cost of the tuition (cost per credit)
- All courses must be at an accredited institution for degree credit

After Course Completion:

- You must earn a grade of "C" or above for undergraduate coursework, and "B" or above for graduate coursework
- Final grades and proof of payment (Itemized bursar's statement showing the student's name, detailed charges and the method of payment) must be received at Crosby no more than 30 days after the end of the course

____ Approved ____ Not Approved

Submit to: Crosby Benefit Systems/ 27 Christina Street/ Newton / MA 02461 or fax to: 617-928-0001