

TUITION ASSISTANCE APPLICATION

Eligible employees must submit this completed Tuition Assistance Application **at least 30 days prior to the start of the semester or course start date.**

INSTRUCTIONS:

- 1) Complete this Application in full and submit it to the Benefits Department at HRTuitionAssistance@RochesterRegional.org.
- 2) The Benefits Department will review the Application and notify you of approval or denial within ten (10) business days of receipt of the Application.
- 3) If approved, **within 30 days of course completion**, you must submit proof of passing grade and itemized billing statement to the Benefits Department.

Name _____ Employee # _____

Home/Cell Phone _____ Work Phone _____

School(s) Attending _____ Undergraduate Graduate

Degree and Program Pursuing at this School _____

Please briefly describe how this course(s) is relevant to your current or a future position within Rochester Regional Health: _____

List the courses for which you are requesting assistance.

Course Title	Course #	Start Date	End Date	Total Cost

I attest that I have read and understand Rochester Regional Health’s Tuition Assistance Policy. I understand that requests submitted more than 30 days after course completion will no longer be eligible for assistance.

Employee Signature

Date

Direct questions to the Benefits Department at HRTuitionAssistance@RochesterRegional.org or 585-922-1100

PLEASE PRINT A COPY FOR YOUR RECORDS