Tuition
Assistance
Benefit

The TAB Program
is a reimbursement program
for eligible degreed employees
of the Richmond County Public Schools

PROGRAM APPLICATION

Please complete the following information and return this application along with the required documentation to the Superintendent. This application and the supporting documentation are due at least 30 days prior to the start of your classes in order to be considered for acceptance into the TAB program. You will be notified via e-mail regarding the status of your application.

Applicant Information

Name _____
(First) (MI) (Last)

Home Address _____

_____ Home Telephone Number _____

School or Department _____ Work Fax Number _____

Position _____ Work E-mail Address _____

Principal/Immediate Supervisor _____

Years in RC Public Schools _____ Social Security Number _____

University/College Attended for Highest Degree Earned _____

Highest Degree Earned to Date _____ Area of Concentration _____

Educational Program Information

University/College that you will be or are attending _____

Your program of study _____

Number of graduate hours for which you will be requesting reimbursement_____

Degree to be earned _____

Expected completion date _____

Documentation The following items must be attached to this application to be considered for the TAB Program.

_____ Letter of recommendation from your immediate supervisor or principal

_____ Letter of acceptance from your university/college

_____ A listing of courses for which you will be requesting reimbursement through the TAB Program

_____ _____
Applicant's Signature Date