

**BELLEFONTAINE CITY SCHOOLS**  
**TUITION REIMBURSEMENT APPLICATION FORM**  
**2025-2026 FY26 ---- JULY 1, 2025 TO JUNE 30, 2026**

No applicant will be eligible for reimbursement of over **seven (7)** semester hours per fiscal year.

Only graduate level credits earned from accredited institutions will be accepted.

Earned grades of "B" or higher or "P" (Pass/Fail) must be submitted.

Reimbursement shall be made to each unit member at the end of the fiscal year and shall be based on a division of the total funds available by the total number of approved credit hours.

The amount of reimbursement to the applicant shall not exceed the actual cost of tuition.

Name: \_\_\_\_\_ Building: \_\_\_\_\_ Area of Certification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ / \_\_\_\_\_

	Class(es):	Term/Year	University	Sem. Credit Hours	Tuition Cost*
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**\*Receipt for classes must be attached.**

Why do you wish to take these classes? \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



Denied as per the Master Contract: \_\_\_\_\_

Approved as per the Master Contract: \_\_\_\_\_

Number of Approved Credit Hours: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_