

BELLEFONTAINE CITY SCHOOLS
TUITION REIMBURSEMENT APPLICATION FORM
2026-2027 FY27 ---- JULY 1, 2026 TO JUNE 30, 2027

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: _____

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Denied as per the Master Contract: _____

Approved as per the Master Contract: _____

Number of Approved Credit Hours: _____

Administrative Signature: _____ Date Signed: _____