

APPLICATION FOR TUITION SUPPORT  
RETURN TO:  
BUREAU OF ADULT EDUCATION  
NH DEPARTMENT OF EDUCATION  
21 SOUTH FRUIT STREET, SUITE #20  
CONCORD, NEW HAMPSHIRE 03301

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS:

PROGRAM:

PRESENT POSITION IN PROGRAM: \_\_\_\_\_

NUMBER OF YEARS COMPLETED IN ABE PROGRAMS IN NH: \_\_\_\_\_

POSITIONS HELD IN ABE PROGRAMS: \_\_\_\_\_

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE COURSE YOU PLAN TO TAKE:

COURSE TITLE \_\_\_\_\_ NO. OF CREDITS \_\_\_\_\_  
TOTAL COST \$\_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_ STARTING DATE \_\_\_\_\_

PLEASE DESCRIBE HOW THIS COURSE WILL BE RELEVANT FOR YOUR CURRENT POSITION:

OTHER FINANCIAL AID:

I AM RECEIVING NO OTHER FINANCIAL AID TO TAKE THIS COURSE. IF OTHER FINANCIAL AID IS BEING RECEIVED, GIVE AMOUNT OF THE AID: \_\_\_\_ FROM WHAT SOURCE:

\_\_\_\_\_

COMMITMENT TO ADULT EDUCATION:

I INTEND TO CONTINUE WORKING NEXT YEAR IN THE ABE PROGRAM AT

(LOCATION OF ABE PROGRAM)

I UNDERSTAND THAT IF I RECEIVE APPROVAL FOR TUITION REIMBURSEMENT FOR SUMMER COURSES AND DO NOT RETURN TO WORK IN ADULT EDUCATION IN SEPTEMBER, I WILL NOT RECEIVE THE TUITION REIMBURSEMENT.

(SIGNATURE)

(DATE)

(ADDRESS)

(TELEPHONE NUMBER)

(SOCIAL SECURITY NUMBER)

AE/DT:jc  
08/31/05