

**TUITION REIMBURSEMENT APPLICATION FORM**

**NAME:** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSITION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY STATUS:**

PERMANENT FULL TIME ❑ PERMANENT PART-TIME ❑ CASUAL ❑ TEMPORARY ❑

**START DATE OF EMPLOYMENT AT TBRHSC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYMENT:

Please list employment experience in order from the past 5 years to include current employment at TBRHSC.

#### **EMPLOYER/DEPARTMENT TYPE OF WORK DATES**

**EDUCATION:**

Please list all education.

Year \_\_\_\_\_\_\_

Year \_\_\_\_\_\_\_

Year \_\_\_\_\_\_\_

## EDUCATIONAL GOAL

**EDUCATION APPLIED FOR:** Certificate ❑ Diploma ❑ Degree ❑

**NAME OF UNIVERSITY/COLLEGE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROOF OF PAYMENT ATTACHED:** Yes ❑ No ❑

**PROOF OF SUCCESSFUL COMPLETION ATTACHED:** Yes ❑ No ❑

**COURSE(S) START DATE COMPLETION DATE TUITION ($)**

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

**TOTAL REQUESTED** $

**HAVE YOU RECEIVED PREVIOUS FUNDING FROM TBRHSC:** Yes ❑ No ❑

**IF YES, MOST RECENT DATE:**

**CAREER GOAL**

Please write a brief paragraph outlining how your request for tuition reimbursement supports your current position and/or careers aspirations.

We encourage all nursing staff to access continuing education funds from the RNAO/RPNAO Education Initiative Program. In providing support to you from Thunder Bay Regional Health Sciences Centre, we are assuming that you have not requested the same reimbursement from RNAO/RPNAO. If you have applied to both organizations and are also successful in obtaining funds from RNAO/RPNAO, we would expect Thunder Bay Regional Health Sciences Centre’s portion to be returned to the hospital.

I am in agreement to continue my employment at the Thunder Bay Regional Health Sciences Centre for a minimum of one year following completion of each academic year funded. If I am unable to, the hospital will request the money to be refunded.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANAGER TO COMPLETE:

**RECOMMENDED FOR FUNDING: Yes ❑ No ❑**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_