



## APPLICATION FOR TUITION/TRAINING/CERTIFICATION COST ASSISTANCE

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Training or Certification Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Days and Hours: \_\_\_\_\_

Date Commences: \_\_\_\_\_ Date Ends: \_\_\_\_\_

Fees: Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Is the course part of  
a degree program?

What degree? \_\_\_\_\_

☐ Yes ☐ No If not part of a degree program, how is it job related? \_\_\_\_\_

### Reimbursement Information

Employee will be reimbursed upon successful completion of the course by submitting receipts for all costs listed above and presenting a grade report showing a B or higher grade. Fees for certification-related classes and exams may be paid directly to the training institution, at the sole discretion of the Company.

By signing this form, I agree to reimburse By Light for all educational expenses provided to me if I voluntarily terminate employment with By Light prior to completing 12 consecutive months of active employment. Further, I authorize By Light to deduct the reimbursement amount owed under the terms of the agreement from my wages, commissions and other funds due to me (including but not limited to my final paycheck). In the event that such deductions do not fully reimburse the education assistance, I agree to promptly pay the remainder upon termination.

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

### Approvals

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Approve ☐ \*Decline

Senior Management: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Approve ☐ \*Decline

Chief Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Approve ☐ \*Decline

\* In the event the application is declined, the Supervisor must attach a written explanation.

(All Applications for Educational Assistance must be forwarded to Human Resources)