**EDUCATION EXPENSES POLICY – Application Form**

Please refer to Education Expense Policy prior to completing

|  |  |
| --- | --- |
| Full Name  |  |
| Position |  |
| Title of the Course Funding Sought |  |
| Relevance to Position |  |
| Start date | Payment Date |
| Course Cost |  |
| Details of other funding explored |  |

Signed:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICIAL USE ONLY:** Approved at Executive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date