

**BROOKVILLE CENTER FOR CHILDREN'S SERVICES, INC.**  
**Training and Professional Development Department**

**TUITION INCENTIVE APPLICATION**  
**APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2023**

**(CIRCLE ONE)**

**FOR QUESTIONS CONTACT: MICHAEL CANNET at [mcannet@ahrc.org](mailto:mcannet@ahrc.org) or 1-516-293-2016 x5362**

<b>Employee Information: <i>All fields must be completed</i></b>	
Name:	Program/Department:
Home Address:	Schedule: No. of hours scheduled per week:
Job Location:	Position:
Hire Date:	Daytime Telephone No.:
	Email Address:
<b>College/School Information: <i>All fields must be completed</i></b>	
Course(s) to be taken this semester:	
Intended Degree and Major:	Status in College/School (please check one): ___ P/T ___ F/T ___ Non-matriculated
Name of College/School:	#Credits this semester: _____
In a couple of sentences please explain how you intend to use this degree at BCCS: _____ _____ _____	
Are You Receiving Any Other Form of Tuition Assistance? No _____ Yes _____ If yes, please specify:  	Total amount of awards, scholarships, grants, etc. (not including loans): _____
<i>As a condition of receiving tuition assistance, I agree to remain in the employ of Brookville Center for at least one year from the date of the last payment I receive or I will be subject to repayment to the Center the total amount of tuition incentive monies received from Brookville Center.</i>	
Employee's Signature: _____ Date: _____	
Program Director's Signature: _____ APPROVED _____ NOT APPROVED/REASON	Date: _____

**\*PLEASE COMPLETE ALL INFORMATION INCLUDING YOUR PROGRAM DIRECTOR'S SIGNATURE. RETURN THE COMPLETED TUITION APPLICATION AND REIMBURSEMENT POLICY ACKNOWLEDGEMENT TO: MICHAEL CANNET**

**PLAINVIEW MAIL DROP # 37 OR FAX 516-470-9056**