

**Advantage Care Diagnostic & Treatment Center/Fay J. Lindner Center @ Advantage Care  
Training and Professional Development Department**

**TUITION INCENTIVE APPLICATION  
APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2024  
(CIRCLE ONE)**

**FOR QUESTIONS CONTACT: SUPRENA JOSEPH [tuition@ahrc.org](mailto:tuition@ahrc.org) or 1-516-293-2016 x 5145**

<b>Employee Information: All fields must be completed</b>	
Name:	Program/Department:
Home Address:	No. of hours scheduled per week:
Job Location:	Position:
Hire Date:	Daytime Telephone No.:
	Email Address:
<b>College/School Information: All fields must be completed</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 Advantage Care: _____ _____	
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): _____
Please check one: ___ I have worked for the agency for 6 months to 3 years ___ I have worked for the agency for 3-5 years ___ I have worked for the agency for 5 years or more	
<b>Authorization:</b>	
<i>As a condition of receiving tuition assistance, I agree to remain in the employ of Advantage Care/Fay J. Lindner for at least one year from the date of the last payment I receive, or I will be subject to repayment to Advantage Care/Fay J. Lindner the total amount of tuition incentive monies received from Advantage Care/Fay J. Lindner.</i>	
<b>Employee's Signature:</b>	<b>Date:</b>
<b>Program Director's Signature:</b> ____ APPROVED ____ NOT APPROVED/REASON	<b>Date:</b>

**\*\*PLEASE COMPLETE ALL INFORMATION INCLUDING YOUR PROGRAM DIRECTOR'S SIGNATURE. RETURN THE COMPLETED TUITION APPLICATION AND REIMBURSEMENT POLICY ACKNOWLEDGEMENT TO: SUPRENA JOSEPH PLAINVIEW MAIL DROP # 37 OR FAX 516-470-9056**