

BROOKVILLE CENTER FOR CHILDREN'S SERVICES, INC.
Learning and Professional Development Department (L&PD)

TUITION INCENTIVE APPLICATION
APPLICATION FOR: FALL /SPRING /SUMMER SEMESTER – 2026

(CIRCLE ONE)

**FOR QUESTIONS CONTACT: LEARNING & PROFESSIONAL DEVELOPMENT DEPT (L&PD) at tuition@ahrc.org
or 1-516-293-2016 x 5145**

Employee Information: All fields must be completed	
Name:	Program/Department:
Home Address:	Schedule: No. of hours scheduled per week:
Job Location:	Position:
Hire Date:	Daytime Telephone No.:
	Email Address:
College/School Information: All fields must be completed	
Course(s) to be taken this semester:	
Intended Degree and Major:	Status in College/School (please check one): <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> 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): _____
<p><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></p> <p>Employee's Signature: _____ Date: _____</p>	
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: L&PD PLAINVIEW MAIL DROP # 37 OR EMAIL tuition@ahrc.org.**