

**AHRC- Nassau County Chapter  
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](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 AHRC: _____ _____	
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>	
<b><i>As a condition of receiving tuition assistance, I agree to remain in the employ of AHRC for at least one year from the date of the last payment I receive or I will be subject to repayment to AHRC the total amount of tuition incentive monies received from AHRC.</i></b>	
<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: L&PD PLAINVIEW MAIL DROP # 37 OR EMAIL [tuition@ahrc.org](mailto:tuition@ahrc.org)**