**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