



Autism Services Center Tuition Reimbursement Application

This section to be completed by ASC Employee

Name

Job Title

Class/Subject:

How does this course contribute to your current job performance or career goals with ASC?

Grade obtained:

Employee Signature: _____

Date:

Note: In order to be considered, an official transcript must accompany this form when submitted to the ASC Personnel Office.

This section to be completed by Personnel Department

Official transcript submitted ☐ YES ☐ NO

Submitted on time ☐ YES ☐ NO

Meets employment criteria ☐ YES ☐ NO

Grade B or higher ☐ YES ☐ NO

Class related to work ☐ YES ☐ NO

Scholarship awarded ☐ YES ☐ NO

Amount awarded:

Reason no
Scholarship
awarded.

Senior Personnel Clerk: _____

Date:

Executive Director / Chief Operating Officer: _____

Date: