

# 2020-2021 AGBU EDUCATIONAL ASSISTANCE PROGRAM FOR EDUCATORS



**Instructions:** This form is for use by faculty members currently employed at an AGBU school, pursuing a professional development course/certification or those enrolled part-time in a degree program.

Complete this form in its entirety directly in MS Word. Use the tab key to navigate between fields. When complete, simply print, sign, date and have your principal submit once you have completed your course(s)!

## FACULTY MEMBER INFORMATION

Name:		
Street Address:		
City:	State:	Zip:
Business Phone:	Mobile Phone:	Email Address:
AGBU School:		
Position/Title:		
Location:		Date of Hire:
Principal (He/she must approve this request prior to enrollment):		

## ACADEMIC HISTORY

Highest Degree Earned: Click to choose a degree.	Year Received:
Name of School/Institution:	Field of Study:

## EDUCATION PURSUED

Answer the questions below as they pertain to the course(s)/program of study for which you are requesting educational assistance for the current semester.

Degree/Certification Sought: Click to choose a degree.	
Name of Degree Program/Specialization/Certification:	
Name of School/Institution:	
Expected Year of Graduation/Completion:	
Semester: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter    Year:	Enrollment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Course(s) Title(s)*:	
Credit Value, if applicable (Enter semester total):	

N/R: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Payable to: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Sent: \_\_\_\_\_

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*\*If you will be enrolled in multiple courses, please submit your semester/course schedule and descriptions for each course.*

Course/Semester Start Date: Click to enter a date.	Course/Semester End Date: Click to enter a date.
Per Credit Tuition (if applicable): \$	Total Tuition/Fees: \$
These courses are for your: <input type="checkbox"/> Current job <input type="checkbox"/> Future career development <input type="checkbox"/> Both	
Describe how the course(s)/program of study will serve to maintain or enhance your job-related knowledge and skills.	

### **TERMS & CONDITIONS**

Educational Assistance is available to faculty members of AGBU schools pursuing a professional development course(s)/certification or enrolled part-time in a degree program.

Assistance is in the form of tuition reimbursement for a maximum of \$1,250 per semester.

**Assistance will only be distributed upon successful completion of the semester. Successful completion requires the achievement of a “B” or better in the course(s), where a grade is provided; or official documentation from the institution of “Passed” or “Satisfactory” for coursework where a final grade is unavailable. An “Incomplete” is not reimbursable until a final grade is issued. Alternatively, the achievement of a grade point average (GPA) of 3.0 or better is also acceptable.**

**Have your principal submit this form, completed & signed, along with the materials listed below, at the END of your course(s)/semester, to:**

**AGBU SCHOLARSHIP DEPARTMENT, 55 EAST 59<sup>TH</sup> STREET, 7<sup>TH</sup> FLOOR, NEW YORK, NY 10022**

- Course description(s) from course catalog
- Semester schedule, if registered for more than one course
- Copy of your bursar’s receipt/registration invoice
- Transcripts of your final course grade(s) or copy of credential or certification

Documentation is due within 30 days of course/semester/program completion.

Educational Assistance is not granted retroactively.

By signing below, you agree to the terms & conditions set forth above.

Faculty Member’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal’s Approval: \_\_\_\_\_ Date \_\_\_\_\_

Principal’s Phone: \_\_\_\_\_ Principal’s Email: \_\_\_\_\_

Questions? Email [scholarship@agbu.org](mailto:scholarship@agbu.org) or call (212) 319-6383

N/R: _____	Amount \$: _____	Payable to: _____	Check #: _____	Date Sent: _____
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