



HU/HUCTW EDUCATION FUND



APPLICATION FORM

Read entire Application Guidelines section before filling out this form. Entire form must be completed.
Reminder: TAP eligible applicants may not apply to the Education Fund unless they have exhausted the \$5250 limit.

Harvard ID #: Department: _____

Name: First _____ MI _____ Last _____

Home Address: _____ Daytime Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Date of Hire/Appointment: _____ Years of Service: _____

1. Semester: Fall Spring Summer Other : _____

2. Type of Course: Test Prep Conference/Seminar Other TAP ineligible course

Course that did not receive a passing grade Less than 3 months of employment

TAP funds have been exhausted for the calendar year (please make sure to attach the *Explanation of Tuition Claim Action* Form you received from Crosby to verify all funds have been exhausted)

3. School/Program offering the course: _____

4. Degree/Program: _____ Total # of courses taken this semester: _____

Course Title: _____ Credit Hours: _____

5. Total Course Cost: _____ (tuition only)

6. Have you already received an award from the education fund in this academic year? Yes No

Total # of courses reimbursed through the education fund this academic year: _____
You are eligible for an award for one course or conference each semester (fall, spring, summer).

7. Please attach the following documents to the application. Check off all attached documents.

Document name	Check off if the document is attached.	If not yet available, by what date do you expect to turn in the document?
1. Course description		
2. Tuition information		
3. Grade or proof of course completion		
4. Explanation of Tuition Claim Action Form (if applicable)		

Your application will not be processed without the documents listed above.

Signature _____ Date _____

Deadlines:

Spring Semester: June 10th,
Summer Semester: September 10th,
Fall Semester: January 25th

Submit To:

HUCTW
Attn: Ed Fund Committee
15 Mt. Auburn St.
UNIVERSITY MAIL

For office use only: Complete _____ TAP Applied: _____ TAP Award: _____