

Enhancing Lives, Promoting Independence, Embracing Recovery

**Student Loan Repayment and Tuition Reimbursement Application**

Complete the following form for consideration for Sanilac CMH’s Student Loan or Tuition Reimbursement Program. Once completed, forwarded the application and supporting documents to the HR Manager. Review policy BA146 Student Loan Repayment and Tuition Reimbursement Program prior to completing this form. Note, staff are welcome to apply throughout the year, however applications will be held and considered together in August each year.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for Calendar Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Received by HR Manager:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Application Number:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*This is for administrative use This is for administrative use*

**Tuition Reimbursement:**

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accredited Program: \_\_\_\_Y \_\_\_\_\_N

Pending Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pending Graduation Date: \_\_\_\_\_\_\_\_\_\_\_

How will this degree provide benefit to the Agency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* College class rotation must be attached and submitted throughout the year to the HR Manager prior to the next semester.

**Student Loan Repayment:**

College Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did/will this degree provide benefit to the Agency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Proof of payment must be submitted to the HR Manager to qualify for reimbursements OR the Agency can submit direct payment to the loan provider with a statement of balance provided.

I understand and consent to the following (initial):

\_\_\_\_\_I understand I may be reimbursed up to $5,250.00 per calendar year after submission of required documents are received and standards are met in either the Tuition Reimbursement OR Student Loan Repayment program.

\_\_\_\_\_ I understand that, if approved, I will be reimbursed for allowable expenses and loans as outlined in the Sanilac County Community Mental Health Authority’s policies.

\_\_\_\_\_I understand that I am expected to remain employed with the Agency for a minimum of twenty-four (24) months following the date the last reimbursed class ended OR the last student loan payment was made by the Agency.

\_\_\_\_\_I understand and consent that if I do not remain employed for twenty-four (24) months following the last payment under this program, repayment will be collected by the Agency via any means necessary. This may include from wages, accrual payouts, and other financial reimbursements owed to me, unless other repayment arrangements are made.

\_\_\_\_\_I understand that approval is required for both programs and that I can only be approved for one program.

\_\_\_\_\_ I understand that the loan repayments are governed by the Internal Revenue Code and related tax rules and regulations, consequently, it is understood that the Agency will need to take all action necessary to maintain compliance with the code and regulations.

\_\_\_\_\_I understand that tuition reimbursement/loan repayment is not guaranteed, rather contingent upon available funding and Agency need. Reimbursements will be processed once approved in August each year. Payments will be made in September once staff submit electronic purchase requisitions with the required details, per policy.

\_\_\_\_\_\_I understand that I must apply each calendar year to be considered for this program. Applications that are approved are active through the end of the calendar year. Reimbursements will be paid in September. Applications received after August will be processed the following year.

Staff Signature Date

For Administrative Use:

Employment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Must be employed 6 months to apply*

Status:

Good Standing: \_\_\_Y \_\_\_\_N Full Time: \_\_\_Y \_\_\_\_N LOA: \_\_\_\_Y \_\_\_\_N

Grade Confirmed B or higher and receipts received on: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_Y\_\_\_\_N Date: \_\_\_\_

Grade Confirmed B or higher and receipts received on: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_Y\_\_\_\_N Date: \_\_\_\_

Grade Confirmed B or higher and receipts received on: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_Y\_\_\_\_N Date: \_\_\_\_

Grade Confirmed B or higher and receipts received on: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_Y\_\_\_\_N Date: \_\_\_\_

*Must not be on a LOA, purchase order required to the Finance department once eligible for payments*

Proof of loan payment received on: \_\_\_\_\_\_\_

*Purchase order required to the Finance department once eligible for payments*

*Notes :*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature HR Manager Date*

*Comments:*

*Signature CFO Date*

*Comments:*

*Signature CEO Date*

*Comments:*

*\_\_\_\_Approved \_\_\_\_Denied*