



Employer Tuition Payment/Reimbursement Plan Form

Please return completed form to the Student Accounts Coordinator: marshkl@grace.edu

Student name: _____ ID#: _____

Address: _____

Home phone: _____ Work phone: _____

Please indicate the semester(s) you are requesting the Employer Reimbursement plan (valid for one academic year):

- Fall
- Spring
- Summer

I am employed by _____ where I am eligible for tuition coverage through a tuition reimbursement plan. I therefore request a payment extension for my tuition.

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

I confirm that _____ is employed by _____ and is eligible for coverage by our tuition reimbursement plan.

Please indicate below the percentage or maximum amount your company will pay for the following fees:

Tuition _____

Other University Fees (including books and course fees) _____

Please indicate where payment will be sent:

- Reimbursement to Employee
- Reimbursement to Grace College & Seminary

I certify that the above named employee is eligible for the benefits indicated.

Name: _____ Job Title: _____

Signature: _____ Date: _____

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www.grace.edu 574.372.5100 1 Lancer Way, Winona Lake, IN 46590

