



# Instructions for Completion of Tuition Reimbursement Application

The District Council 37 Education Fund operates a Tuition Reimbursement Program which assists eligible members to pursue an undergraduate, graduate or post-graduate education, subject to the rules, regulations, conditions and limitations established by the Education Fund Board of Trustees. This program also assists members taking non-credit courses.

The following information summarizes the Fund's policies:

## 1. BENEFITS

Effective, January 1, 2015, the Education Fund will reimburse for job-related Civil Service and Continuing Education courses or for undergraduate, graduate and post-graduate courses offered by U.S. affiliated educationally accredited institutions and programs as specified in the U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs ([www.ope.ed.gov/accreditation](http://www.ope.ed.gov/accreditation)).

The Education Fund will reimburse for test preparation courses taken to pass a test for a professional license or certification or for New York State registration (i.e. Social Workers, Engineers, Architects) as a condition of employment. Only registration fees for job-related conferences are reimbursable. The Education Fund will also reimburse for non-credit, job-related courses offered by accredited institutions, State approved programs, authorized providers of Continuing Education Units (CEUs), Professional Development Hours (PDHs) or Continuing Professional Education Credits (CPEs) and for job-related courses offered by licensed providers and required by the employer for job promotion or certification (documentation will be required).

Members who are eligible may apply for reimbursement for a maximum of up to \$800 per calendar year and can choose to receive a single payment of \$800 per calendar year for tuition and/or consolidated or registration fees that are not reimbursed through other forms of assistance. Other fees and costs (admissions, books, etc.) are not reimbursable. Reimbursement is made at the end of the term to a member who has applied to the program and has satisfied all eligibility requirements.

## 2 . ELIGIBILITY

To be eligible, a member must:

- ❖ be a full-time per annum employee in a title covered by Fund training agreements.
- ❖ Part-time employees in some covered titles of the Department of Education and College Assistants who work a minimum of 17½ hours per week and 70 hours per month are covered. **EXCEPTIONS-spouses, domestic partners, dependents, employees on leave of absence, per diem and hourly employees are not eligible.**
- ❖ be eligible when the term begins in order to be reimbursed.
- ❖ receive course credit towards a degree offered by an accredited college or university or via the Internet. The institution must be accredited as specified in the U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs. **Life Experience credits, Independent Study, and Dissertation credits are not reimbursable.**

*(over)*

- ❖ receive a “P” or “S” grade or a grade of C or better for college credit courses.
- ❖ submit proof of successful completion for non-credit programs or courses.

NOTE: Students must provide proof from their school that they did not apply or receive financial aid such as the New York State Tuition Assistance Program (TAP), Aid for Part-Time Study (APTS), PELL grants and other federal grants, veterans benefits, tuition waivers, scholarships, etc. The Education Fund will provide reimbursement only for fees paid over these other forms of assistance, up to a maximum of \$800 per calendar year.

### 3. APPLICATION PROCEDURE

To apply for reimbursement, a member must submit an original application form for the term. **AT THE END OF THE TERM**, the member must submit a completed application form along with a grade report or completion of course documentation, a detailed bursar’s receipt and a financial aid statement. This information must be received no later than 120 days after the last day of class.

The member may use their ID number instead of a Social Security number when completing the application form. The ID number is located on the member’s prescription drug card or on their DC 37 membership card.

***REMEMBER: The member, not the school, is responsible for filing the application. If for reasons beyond the member’s control, some of the information is not available for transmittal within 120 days after the last day of class, the member should send the materials available with a letter to the Education Fund Administrator indicating what is missing and when it can be expected.***

If all documents are in order and all procedures have been followed, the application will be processed. Processing will take approximately 4 to 6 weeks. The rules and regulations outlined in these instructions apply to the majority of eligible members. However, there may be exceptions. If you have questions regarding your eligibility, please contact the Education Fund. If you are determined to be ineligible, you will be notified and may appeal the decision to the Education Fund Administrator within 60 days of receipt of the rejection notice. If after appealing the decision you receive an unfavorable decision from the Education Fund Administrator, you may continue the appeal process by writing to the Education Fund Board of Trustees within 14 days after receipt of the Administrator’s denial of your appeal. The decision of the Board of Trustees is final.

# DISTRICT COUNCIL 37 EDUCATION FUND

Mail to: 125 Barclay Street, Room 814  
New York, NY 10007  
212-815-1663/64

## APPLICATION FOR TUITION REIMBURSEMENT

1. SOCIAL SECURITY # OR ID	2. LAST NAME	FIRST NAME	M.I.

3. ADDRESS NUMBER AND STREET	APT. #	CITY AND STATE	ZIP CODE	4. HOME PHONE

5. JOB TITLE	6. EMPLOYER	7. EMPLOYER'S ADDRESS	8. WORK PHONE

9. CHECK APPLICABLE TERM (CHECK ONLY ONE)	10. STARTING DATE	ENDING DATE
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ Year                      Year                      Year                      Year	___/___/___ Month Day Year	___/___/___ Month Day Year

11. COLLEGE/UNIVERSITY/INSTITUTION ENROLLED (Name and Address)	12. DEGREE STATUS
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Credit

### LIST BELOW COURSES TAKEN FOR THIS TERM

13. CREDIT COURSES			NON-CREDIT COURSES	
Course #	# Of Credits	Title	Course #	Title

14. FEES	
Tuition	\$
Registration or Consolidated Fee	\$
15. Total Fees	\$

FOR OFFICE USE ONLY	
Proof of Completion	Amount Refunded
GR <input type="checkbox"/> _____ By _____	\$ _____
Rec <input type="checkbox"/> _____ By _____	By _____
Aid <input type="checkbox"/> _____ By _____	By _____

FOR OFFICE USE ONLY

I Hereby Declare That The Above Statements Are True.

Member's Signature X \_\_\_\_\_ Date \_\_\_\_\_