NORTHEAST LAKEVIEW COLLEGE
NORTHWEST VISTA COLLEGE
PALO ALTO COLLEGE
ST. PHILIP'S COLLEGE
SAN ANTONIO COLLEGE

ALAMO COMMUNITY COLLEGES

UPWARD MOBILITY ASSISTANCE TUITION REIMBURSEMENT APPLICATION

Name and Employment Information			
Employee Name:		SSN:	
Position Title:		Date of Hire:	
Campus & Dept:		Office Phone:	
Home Address:		E-mail Address:	

Tuition Assistance and Reimbursement Information			
What is your tuition cost?	**$**	What amount are you requesting?	**$**

Is assistance sought from another source? Yes ☐ No ☐ Requested amount $ _____

Source Name:

Tuition Assistance Educational Information	
Semester/year: Fall / Winter _____ Spring _____ Summer I _____ Summer II _____	
Institution you are planning to attend:	
Degree or Certificate you are seeking:	
Enrolled Course & Number:	
Enrolled Course & Number:	
Enrolled Course & Number:	
Advisor's Name:	Advisor's Signature:

Post Secondary Educational Information (Please list previously earned degrees/certificates)

College/University	Degree	Major or Area of Concentration

Attending the above course(s) does ☐ does not ☐ require an adjustment to my work schedule.
If yes, you must obtain supervisor's signature approval.

Supervisor's Name: _____ Signature: _____

Statement of Affirmation and Understanding

I affirm that the above information is true and correct. I understand that the receipt of tuition reimbursement from the ACCD Upward Mobility Program is dependent upon the availability of funds, degree priority consideration, attaining a grade in accordance with the prescribed guidelines, and initiating the request for payment. I also understand that I can not receive tuition assistance from another ACCD funding source for the coursework described above.

_____ _____
(Employee's Signature) (Date)

Upward Mobility Committee Use

_____	_____	$_____
Committee Member's Signature	Date Received	Award Amount

GUIDELINES ON REVERSE SIDE

(ACCD Upward Mobility Form 1, Revised 4/17/08)