



Palm Beach Gardens Police Foundation

10500 N. Military Trail
 Palm Beach Gardens, FL 33410
 (561) 799-4440

2017 College Tuition Program Reimbursement Request Form

Requestor's Name and Rank	Enter your rank and full name here
Requestor's Assignment and ID	Enter your current assignment (Road Patrol, Traffic, CIU etc. and ID number)
Requestor's Contact Number	Enter your current contact number
Requestor's eMail Address	Enter your current email address

In order to be considered for tuition reimbursement by the Police Foundation, please complete and return this package by the published deadline.

Return completed package either in person or by US Mail to:

Tuition Reimbursement Committee
 Palm Beach Gardens Police Foundation
 10500 North Military Trail
 Palm Beach Gardens, FL 33410

If mailed, the postmark date must be on or before the deadline date.

All sections must be filled out completely or your application may not be considered.

Supervisor's Signature:	Date:
Chief of Police Signature:	Date:



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YOU MUST COMPLETE ALL AREAS IN ORDER FOR YOUR REQUEST TO BE CONSIDERED FOR REIMBURSEMENT

Requestor's Name: **Enter Requestor's Name**

Date of hire: **Enter Requestor's Date of Hire**

Name and location of the University/College you attended:

Enter the Name and Location of University or College attended

Be sure that the University/College is accredited by The Council for Higher Education Accreditation (CHEA). Check this website to verify <http://www.chea.org/>

What is your program of study? (Ex: Criminal Justice, Public Administration, etc.)

Indicate your program of study?

For which semester/term are you requesting reimbursement?

For which semester or term are you requesting reimbursement?

What is your cumulative (all classes) grade point average (GPA) for **the semester** you are requesting reimbursement for? (**Attach grade sheet**) GPA: **Enter this semester GPA**

What total Tuition costs have you incurred in this semester? (You must show a paid receipt for the classes)	A	Enter Dollar Amount
Have you received any Grants or Scholarships to cover any expenses for this semester? If yes, how much? Yes <input type="checkbox"/> No <input type="checkbox"/>	B	Enter Dollar Amount
Are you or have you requested tuition reimbursement in any form from another source other than the Palm Beach Gardens Police Foundation? If yes, how much? Yes <input type="checkbox"/> No <input type="checkbox"/>	C	Enter Dollar Amount
Tuition Reimbursement Amount requested from the Palm Beach Gardens Police Foundation. (Item A minus total of items B and C)	D	Enter Dollar Amount



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Certifications

I certify that I am a full-time Sworn Police Officer with the Palm Beach Gardens Police Department and that the information entered on this form is true and accurate. I certify that I am not receiving any other reimbursement funds from another source for the semester/term requested in this application except as noted in the application. I am requesting reimbursement from the Palm Beach Gardens Police Foundation for my personal funds expended for college tuition. I acknowledge that it is my responsibility to submit complete, accurate, and timely documentation as requested by the Police Foundation.

Applicant Signature

Date

Acknowledgement

I do hereby acknowledge and agree to maintain employment with the City of Palm Beach Gardens Police Department for a period of not less than 36 months following the reimbursement of any tuition by the Palm Beach Gardens Police Foundation. If I resign, retire or am involuntarily separate from the employment of the Palm Beach Gardens Police Department within 36 months of reimbursement, I will reimburse the Palm Beach Gardens Police Foundation the full amount of the reimbursement received within 180 days of my separation date. I understand that any unpaid balance after 180 days may be turned over to a collection agency.

Requestor's Signature

Date