

WASHINGTON COLLEGE EDUCATIONAL ASSISTANCE PROGRAM REQUEST

NAME:		SS NO:	
JOB TITLE:		DATE OF HIRE:	
TERM:	_ FALL	ACADEMIC YEAR:	
***************************************	_ SPRING	UNDERGRAD COURSE(S):	
	SUMMER	GRADUATE COURSE(S):	
NUMBER OF CREDIT	HOURS:		
	NAME(S) OF COURS	GE(S) TO BE TAKEN	
EVDI AINI LI	IOM COMPCE(C) DEL ATE(C)	TO PRESENT JOB OR FUTURE GOALS	
	(-)		
NAME OF SCHOOL		ADDRESS, CITY, STATE, ZIP CODE	
REIMBURSEMENT REG	QUEST*: PLEASE ATTACH CO	OPY OR CURRENT INVOICE/RECEIPTS	
1. COURSE TUITION:		\$	
2. COURSE BOOKS, FEES, RELATED ITEMS:		\$	
3. TOTAL WASHINGT	ON COLLEGE EDUCATIONA	L ASSISTANCE REQUEST: \$	
4. TOTAL FROM NO. 3	MULTIPLIED BY .75 (MAXIMI	UM OF \$1,000/FISCAL YEAR)\$	
*SUBJECT TO BUDG	GET AND AVAILABILITY		
REQUESTED BY:	APPROVED E	BY: APPROVED BY:	
APPLICANT	DEPARTMEN	THEAD HUMAN RESOURCES	
DATE	DATE	DATE	