

**BREVARD PUBLIC SCHOOLS**

**2023-2024 TUITION ASSISTANCE APPLICATION**

**BREVARD FEDERATION OF TEACHERS**

**Date and Time Received  
Professional Standards/  
Labor Relations Use only**

**A. EMPLOYEES, PLEASE COMPLETE THE FOLLOWING:**

1. Name: \_\_\_\_\_

2. Employee Identification Number: \_\_\_\_\_

3. Official job description title: \_\_\_\_\_

4. Work site: \_\_\_\_\_

5. Type of degree or certification being pursued: \_\_\_\_\_

6. Name of the institution of higher education you are/will be attending:  
\_\_\_\_\_

7. How the course meets the tuition assistance criteria for your group:  
\_\_\_\_\_

8. When will the courses for 2023-2024 be completed (Date): \_\_\_\_\_

9. I have read and understand the Rules associated with Tuition Assistance: \_\_\_\_\_  
*Applicant Signature*

**B. PRINCIPAL/DIRECTOR, PLEASE COMPLETE THE FOLLOWING:**

Principal/Director signature, which confirms that the employee is eligible for tuition assistance (based on criteria for his/her employee group, please refer to the program requirements under Section A, Items 1-8).

Yes, they are eligible: \_\_\_\_\_ No, they are not eligible: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_