



WORKFORCE RECRUITMENT PROJECT: *Hebron Tuition Reimbursement Program*

Guidelines

- Employer to complete application on behalf of employee—application will have a signature line for both the employee and the employer verifying they both agree to the terms.
- Employer/business location must be within Hebron’s one-mile city limits jurisdiction.
- Any size business can utilize this program.
- Employee must live in Thayer County during their employment while receiving the tuition reimbursement grant.
- Employee must be up to two years out of school to qualify for this program.
- Grant is matching up to \$3,000 max per employee.
- Employer must match dollar-for-dollar and can exceed this grant’s max amount.
- Non-traditional students and those seeking an advanced/up-skill degrees qualify for this grant.
- Employer will pay the reimbursement directly to the employee monthly.
- Tuition reimbursement will be pro-rated accordingly post-graduation. If employment ends before the pro-rated remission is complete, payments will cease and no repayment will be requested for this grant.
- On the application, employer will notify committee if they require a monthly portion of the reimbursement or if they will turn in documentation at the end of their fiscal year for a lump sum of the reimbursement.
- Grant only goes towards college related expenses (books, tuition, tools, computer software, etc.) that employee acquired during schooling. Room and Board is excluded.
- The city of Hebron will administer and distribute the program’s funds.
- An Application Review Committee will oversee the application process and approval notification to the city and employers.

Employer (Applicant) Information

Employer: _____

Contact: _____ Job Title: _____

Phone: _____ Email: _____

Employee Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Position Applied for: _____

Have they ever worked for this company? YES NO If yes, when? _____

Is this an up-skilling/advancing opportunity? YES NO

Are they a current college student? YES NO If yes, month/year they will graduate? _____
 Degree they will obtain at graduation? _____

Employee Education

High School: _____ Town, State: _____

From: _____ To: _____ Did they graduate? YES NO Diploma: _____
 MM/YY MM/YY

College: _____ Town, State: _____

From: _____ To: _____ Did they graduate? YES NO Degree: _____
 MM/YY MM/YY

Other: _____ Town, State: _____

From: _____ To: _____ Did they graduate? YES NO Degree: _____
 MM/YY MM/YY

Employer Reimbursement Explanation

Requested Grant Amount: \$ _____ Employer Amount: \$ _____

How often does your company want the reimbursement of the grant: Monthly Semi-Annually Annually

Frequency the employee will receive reimbursement from employer: _____

Disclaimer and Signatures

I certify that my answers are true and complete to the best of my knowledge.

If this application is approved, I understand that false or misleading information in this application may result in termination of the funds.

Review Committee may request more documentation as proof of education or employment if necessary.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Review Committee Use Only

Date Received: _____ Date Reviewed: _____ Approved? YES NO

Notes: _____

Committee Rep Signature: _____ Date: _____