

TUNKHANNOCK AREA SCHOOL DISTRICT
APPLICATION FOR PROFESSIONAL TRAINING EXPENSE ALLOWANCE

Applicant _____ Date _____
Address _____

Attached to this application are the following:

1. An official transcript or a grade report.
2. A receipt or a cancelled check indicating the amount of tuition for the course(s).

<u>Course Title</u>	<u>Credits</u>	<u>Cost per Credit</u>	<u>Beginning - Ending Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Course(s) Applicable to: Field of Certification
 Planned Master's Degree Program
 Other (Specify) _____

College or University _____

Describe specifically how the education/training applied for pertains to your major job requirements: _____

Are you eligible to receive reimbursement or scholarship in any amount through another plan or benefit for the educational expenses incurred, as described in this application No Yes
If "Yes" please describe the amount reimbursable to you and the plan/benefit's tax treatment of the reimbursement made to you (i.e. taxed as income or provided tax-free): _____

A copy of the course syllabus or course literature may be required to determine if reimbursement is nontaxable.

I hereby certify my eligibility to receive an expense allowance for the course(s) listed above.

Signature of Applicant

Approved Expense Allowance _____

Date

Superintendent of Schools