

## Tuition Reimbursement Payment Agreement **SLHS Employee RN-BSN**

Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

Term Dates: \_\_\_\_\_ - \_\_\_\_\_

My annual tuition benefits remaining for the year is \_\_\_\_\_ Lifetime benefits remaining \_\_\_\_\_  
(This is found on your Edcor application home page under User Profile and Remaining Benefit Limits.)

Student must read and initial the following statement of understanding:

\_\_\_\_\_ I understand that I must apply and be approved for SLHS Educational Assistance Program (Edcor) by the first day of the term.

\_\_\_\_\_ I understand a statement/receipt can be obtained via mySLC: Self-Service or will be provided upon request.

\_\_\_\_\_ I understand that this is an agreement to defer payment until 30 days after the term has ended. Should SLHS be unable or refuse to pay any or all of my tuition, the remaining balance on my student account is my responsibility.

\_\_\_\_\_ I understand that if this tuition reimbursement form and approval letter from Edcor for the correct amount of tuition and fees is not turned in to Saint Luke's College by first day of the term, the balance is my responsibility.

\_\_\_\_\_ I understand that official transcripts will not be released and registration for future classes will be restricted if full payment is not made by the due date.

\_\_\_\_\_ I understand that withdrawal from the College voids this agreement. The new balance as a result of withdrawal calculation becomes due immediately and must be paid in full.

\_\_\_\_\_ I understand that this form serves as my "proof of payment" and should be submitted to Edcor to complete my application for educational assistance.

Student Signature: \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

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