



Instructions for Completing the Tuition Reimbursement Application

The District Council 37 Education Fund operates a Tuition Reimbursement Program which assists eligible members to pursue an undergraduate, graduate or post-graduate education, subject to the rules, regulations, conditions and limitations established by the Education Fund Board of Trustees. This program also assists members taking non-credit courses.

The following information summarizes the Fund's policies:

1. BENEFITS

Effective January 1, 2015, the Education Fund will reimburse for job-related Civil Service and Continuing Education courses or for undergraduate, graduate, and post-graduate courses offered by U.S.-affiliated, educationally-accredited institutions and programs as specified in the U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs (<https://ope.ed.gov/dapip/#/home>)

The Education Fund will reimburse for test preparation courses taken to pass a test for a professional license or certification, or for New York State registration (i.e. Social Workers, Engineers, Architects) as a condition of employment. Only registration fees for job-related conferences are reimbursable. The Education Fund will also reimburse for non-credit, job-related courses offered by accredited institutions, state-approved programs, authorized providers of Continuing Education Units (CEUs), Professional Development Hours (PDHs), or Continuing Professional Education Credits (CPEs), and for job-related courses offered by licensed providers and required by the employer for job promotion or certification (documentation will be required).

Members who are eligible may apply for reimbursement up to a maximum of \$915 per calendar year (beginning with courses taken on or after July 1, 2020) and for tuition and/or consolidated or registration fees not reimbursed through other forms of assistance. Other fees and costs (admissions, books, etc.) are not reimbursable. Reimbursement is made at the end of the term to a member who has applied to the reimbursement program and has satisfied all eligibility requirements.

2. ELIGIBILITY

To be eligible, a member must:

- ❖ Be a full-time, per annum employee in a title covered by Fund training agreements.
- ❖ Be either a part-time employee in some covered title of the Department of Education or a College Assistant who works a minimum of 17½ hours per week or 70 hours per month. **NOT ELIGIBLE: spouses, domestic partners, dependents, employees on leave of absence, per diem, and hourly employees.**
- ❖ Be eligible when the term begins in order to be reimbursed.
- ❖ Receive course credit toward a degree offered by an accredited college or university or online. The institution must be accredited as specified in the U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs. **Life Experience credits, Independent Study, and Dissertation credits are not reimbursable.**
- ❖ Receive a "P" or "S" grade or a grade of "C" or better for college credit courses.
- ❖ Submit proof of successful completion for non-credit programs or courses.

NOTE: Students must provide proof from their school that they did not apply or receive financial aid such as the New York State Tuition Assistance Program (TAP), Aid for Part-Time Study (APTS), PELL grants, and other federal grants, veterans benefits, tuition waivers, scholarships, etc. The Education Fund will provide reimbursement only for fees paid over these other forms of assistance, up to a maximum of **\$915** per calendar year, beginning with courses taken on or after **July 1, 2020**.

3. APPLICATION PROCEDURE

To apply for reimbursement **AT THE END OF THE TERM**, a member must submit a completed application form, along with a grade report or completion of course documentation, a detailed bursar's receipt, and a financial aid statement, if applicable. This information must be received no later than 120 days after the last day of class.

The member may use their PID number instead of a Social Security number when completing the application form. The PID number is located on the member's prescription drug card.

REMEMBER: The member, not the school, is responsible for filing the application. If for reasons beyond the member's control some of the information is not available for transmittal within 120 days after the last day of class, the member should send the materials available with a letter to the Education Fund Administrator indicating what is missing and when it can be expected.

If all documents are in order and all procedures have been followed, the application will be processed. Processing will take approximately 4 to 6 weeks. The rules and regulations outlined in these instructions apply to the majority of eligible members. However, there may be exceptions. If you have questions regarding your eligibility, please contact the Education Fund. If your application request is denied, you will be notified in writing and may appeal the decision to the Education Fund Administrator within 60 days of receipt of the rejection notice. If after appealing the decision you receive an unfavorable decision from the Education Fund Administrator, you may continue the appeal process by writing to the Education Fund Board of Trustees within 14 days after receipt of the Administrator's denial of your appeal. The decision of the Board of Trustees is final.

District Council 37 Education Fund

Mail to: District Council 37 Education Fund

55 Water Street, 22nd Floor • New York, NY 10041 • 212.815.1663/64 • edf-tuition@dc37.net

Application for Tuition Reimbursement

Social Security # or PID	Last Name	First Name	M.I.

Address	Apt. #	City & State	Zip Code	Home Phone

Job Title	Employer	Email Address	Mobile Phone

Check Applicable Term (Check Only One)	Starting Date	Ending Date
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <small style="display: flex; justify-content: space-around;">Year Year Year Year</small>	___/___/___ <small>Month Day Year</small>	___/___/___ <small>Month Day Year</small>

College/University/Institution Enrolled <small>(Name and Address)</small>	Degree Status
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Credit

COURSES TAKEN FOR THIS TERM

Credit Courses			Non-Credit Courses	
Course #	# of Credits	Title	Course #	Title

Fees	
Tuition	\$ _____
Registration or Consolidated Fee	\$ _____
Total Fees	\$ _____

For Office Use Only	
Proof of Completion	Amount Refunded
GR <input type="checkbox"/> _____ By _____	\$ _____
Rec <input type="checkbox"/> _____ By _____	By _____
Aid <input type="checkbox"/> _____ By _____	By _____

For office use only

I hereby declare that the above statements are true.

Member Signature _____ Date _____