



**MARINE CORPS COMMUNITY SERVICES
APPLICATION FOR TUITION ASSISTANCE (TA)**

ELIGIBILITY SUMMARY:

TA is available to all MCCS Miramar NAF employees without regard to race, color, religion, sex, age, national origin, genetic information, mental or physical disabilities and any other protected classification. Must be employed at least 12 months, work an average of 25 hours per week, have not received a Letter of Reprimand or suspension 12 months prior to course start date and receive a rating of "exceeds expectations" or higher on the most recent performance appraisal.

SECTION 1: APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT

FIRST & LAST NAME: _____ MI _____ EMPLOYEE ID: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CURRENT JOB TITLE: _____ DIVISION: _____

COST CENTER & WORK LOCATION: _____

MCCS MIRAMAR DATE OF HIRE: _____

SELECT: FULL TIME EMPLOYEE PART-TIME EMPLOYEE FLEX EMPLOYEE

NAME & LOCATION OF SCHOOL: _____

NAME OF COURSE(S): _____

IS THE SCHOOL NATIONALLY OR REGIONALLY ACCREDITED? YES NO

P&PD ADVISOR SIGNATURE: _____

ESTIMATE OF TOTAL COST: _____ COURSE START DATE: _____

COURSE END DATE: _____

DEGREE PROGRAM CERTIFICATE PROGRAM CONTINUING EDUCATION

IF CERTIFICATION OR CONTINUING EDUCATION COURSE, HOW DOES IT RELATE TO YOUR CURRENT OR A FUTURE MCCS POSITON?

ANTICIPATED COMPLETION DATE: _____

BENEFIT SUMMARY:

Employees approved for TA may receive up to \$3,000 reimbursement per NAF fiscal year (1 February - 31 January). Employees receiving TA are obligated to remain employed with MCAS Miramar MCCS for a minimum of 12 months working an average of 25 hours / week minimum following the course end date. TA provides reimbursement for tuition, registration fees, lab fees and books. The program does not reimburse expenses for housing, parking, sales tax or health and application fees. Please see MCCSI 12410 dated 17 April 2023 for complete program details.

SECTION 2: ELIGIBILITY REQUIREMENTS - TO BE COMPLETED BY APPLICANT'S MANAGER

HOW DOES THIS COURSE RELATE TO CURRENT JOB DUTIES: Courses taken within a degree program are not required to pertain to employee's current position however, certification and continuing education courses must pertain to employee's current position duties or be applicable to meet qualifications of a future MCCS job opportunity.

IS THERE A RECORD OF LETTER OF REPRIMAND OR SUSPENSION BY THE APPLICANT IN THE 12 MONTHS PRIOR TO THE COURSE START DATE?	YES	NO
IS THE MOST RECENT PERFORMANCE APPRAISAL RATED AS EXCEEDS EXPECTATIONS OR HIGHER?	YES	NO
IF PART-TIME OR FLEXIBLE, DOES THE APPLICANT WORK AN AVERAGE OF 25 HOURS PER WEEK?	YES	NO
HAS APPLICANT BEEN EMPLOYED BY MCCS MIRAMAR FOR MORE THAN 12 MONTHS?	YES	NO
DOES THE APPLICANT MEET ALL THE CRITERIA ESTABLISHED IN THE MCCS NAF TUITION ASSISTANCE PROGRAM?	YES	NO
IS THE APPLICANT A MILITARY SPOUSE OR DEPENDENT? IF YES, STATE ANTICIPATED PCS DATE: _____ AND PROVIDE A COPY OF CURRENT MILITARY ORDERS. IF PCS WILL OCCUR BEFORE 12 MONTHS FOLLOWING THE COURSE END DATE, APPLICATION WILL REQUIRE SPECIAL APPROVAL AS NOTED IN MCCSI 12410 DATED 17 APRIL 2023.	YES	NO

MANAGER: _____	DATE: _____
DIVISION DIRECTOR: _____	DATE: _____
HR DIRECTOR/DEPUTY DIRECTOR: _____	DATE: _____
MCCS DIRECTOR/DEPUTY DIRECTOR: _____	DATE: _____

I UNDERSTAND THAT FAILURE TO COMPLY WITH ALL REQUIREMENTS OF THE MCAS MIRAMAR MCCS NAF TUITION ASSISTANCE PROGRAM MAY RESULT IN REFUSAL OF THE REIMBURSEMENT REQUEST AND/OR INCUR AN OBLIGATION TO REPAY TUITION ASSISTANCE MONIES PER MCCSI 12410 DATED 17 APRIL 2023.

SIGNATURE OF APPLICANT: _____ DATE: _____

TUITION ASSISTANCE REIMBURSEMENT FORM: (To be completed by employee following course completion)

COURSE COMPLETION DATE: _____

AMOUNT OF REIMBURSEMENT REQUESTED: _____

ORIGINAL RECEIPTS PROVIDED? YES NO

COPY OF TRANSCRIPT PROVIDED? YES NO

AMOUNT OF REIMBURSEMENT APPROVED: _____

AMOUNT OF BENEFIT AVAILABLE TO APPLICANT FOR NAF FISCAL YEAR ENDING 31 JANUARY: _____

EMPLOYEE FIRST AND LAST NAME: _____

HR DIRECTOR/DEPUTY DIRECTOR: _____ DATE: _____

CFO/FINANCE DEPARTMENT: _____ DATE: _____