

EMPLOYEE REIMBURSEMENT FORM--2023
Graduate School of Education – Covenant College

Directions: Please complete this form **only** if you are currently employed in an educational position at a school and your employer is willing to reimburse for part or the whole the cost of this program. This form should be filled after having filled out the 2023 GSE financial aid application.

Employee Reimbursement is considered a **financial resource** for financial aid. It **will** be part of your financial aid package and it **may** affect your eligibility for additional grants, scholarships and loans. **Unless** you have completed this form, you cannot request any paperwork to be sent to an employer.

Student Name: _____ (as it appears on your Social Security card)

Address: _____
Street City, State Zip

Social Security Number: _____ Phone Number: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Person in charge of reimbursement: _____

*May I email the letter to you or your employer? Yes ___ No ___

E-mail address _____

The employee reimbursement is for: ___ Tuition ___ Fees ___ Books

- \$\$ Amount (or percent) of reimbursement per semester: _____
- Please talk this over with your human resources department so that you can be as accurate as possible. Does your employer pay after grants and scholarships?
- Attach a copy of your employee reimbursement policy from your employer.

*For us to release any information directly to your employer, you will need to have a HIPAA/FERPA release form on file with your employer listed. If you need financial information included, be sure you list the employer under both areas.

Signature: _____ Date: _____

Please contact Brenda Rapier to set up your Employee Reimbursement Plan Brenda.rapier@covenant.edu; 14049 Scenic Hwy, Lookout Mountain, GA 30725; 706-419-1154.
While enrolled in the MEd/MAT program, it is **your responsibility** to contact Mrs. Rapier **each time** you need paperwork sent for reimbursement.