



NEW YORK CITY MANAGERIAL EMPLOYEES ASSOCIATION

**CUNY TUITION REIMBURSEMENT APPLICATION **

SECTION I: REIMBURSEMENT INFORMATION

REIMBURSEMENT IS FOR WHICH PROGRAM? (Check Only One) Undergraduate Graduate

REIMBURSEMENT AMOUNT: \$ _____ SEMESTER & YEAR: _____ 20_____

SECTION II: MEMBER'S PERSONAL INFORMATION

FULL NAME: Last: _____ First: _____ M.I. _____

ADDRESS: _____
(include Apt #; C/O)

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ CELL # _____ E-MAIL: _____

SECTION III: MEMBER'S AGENCY INFORMATION

AGENCY'S NAME: _____

WORK LOCATION/ADDRESS: _____

WORK TELEPHONE #: _____ FAX: _____

CIVIL SERVICE TITLE: _____ LEVEL: _____

OFFICE TITLE: _____

SECTION IV: EDUCATION BACKGROUND INFORMATION

HIGH SCHOOL GRADUATE: YES NO GED: YES NO

COLLEGE GRADUATE: YES NO DEGREE: YES NO

IF YES: TYPE: _____ MAJOR: _____ YEAR RECEIVED: _____

-TURN OVER-

SECTION V: COLLEGE/INSTITUTION INFORMATION FOR REIMBURSEMENT

ARE YOU CURRENTLY ENROLLED IN COLLEGE? YES NO

IF YES, NAME OF COLLEGE/INSTITUTION: _____

COURSE OF STUDY: _____

EXPECTED DATE OF GRADUATION: _____ / _____ GPA: (This term only) _____
(Month/Year)

IF YOU ARE **NOT** CURRENTLY ENROLLED IN A COLLEGE/INSTITUTION, IDENTIFY THE CERTIFICATE/MASTER'S DEGREE PROGRAM OF INTEREST BELOW:

Only select one: Undergraduate Certificate Graduate Certificate Program Master's Degree Program
Program

NAME OF PROGRAM: _____

LOCATION OF COLLEGE/INSTITUTION: _____

BRIEFLY EXPLAIN HOW THE CERTIFICATE/MASTER'S DEGREE PROGRAM WILL HELP ENHANCE YOUR CAREER.

SECTION VI: ADDITIONAL INFORMATION NEEDED

New members enrolling in the tuition reimbursement program will be required to provide a **current resume and an essay** of at least 250 words that describes your career goals and how pursuing the program of study will help achieve those goals to advance your City career.

Members: If you subsequently decide to change your program of study, you will be required to notify the *MEA Compensation and Professional Development Committee, Attn: Committee Chair* in writing before you register for new classes to determine if you will remain eligible for tuition reimbursements.

SECTION VII: REQUIRED SIGNATURE & DATE

SIGNATURE: _____ DATE: ____ / ____ /20____

Please submit your request for tuition reimbursement and the required supporting documentation as follows:

<p>BY MAIL: NYC Managerial Employees Association 42 Broadway, Suite 1945 New York, NY 10004 Attn: CDP Committee Tuition Reimbursement (Semester Year)</p>	<p>BY E-MAIL: info@nycmea.org SUBJECT: Tuition Reimbursement (Semester Year)</p>
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