



**BLADEN COUNTY SCHOOLS
TUITION REIMBURSEMENT
APPLICATION FORM ***

Semester Fall Spring
 Summer Year 20 19-20 20

APPLICANT INFORMATION

Name	Cheryl White-Smith		SSN#	[REDACTED]
School	[REDACTED]	Work	910-862-4136	
Home Address	[REDACTED]	Phone Nos.	[REDACTED]	

COURSE INFORMATION

Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees	\$ 196.38	Total Hours	[REDACTED]	

INSTRUMENTS FOR NATIONAL BOARD SUBMISSION

Group Offering Seminar	Cost	\$
Dates		

TEST FEES

Name of Test	Cost	\$
Date of Test		

Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? Yes No
If yes, how much? \$ _____ Per Semester Month Other:

I certify that the information given above is true.
Employee Signature: Cheryl White-Smith Date: 6-1-2020


I certify that the employee meets eligibility criteria, and I approve the request for reimbursement.
Principal/Supervisor Signature: [Signature] Date: 4 June 20

Submit the following at the end of each semester/term to the Personnel Office:
(1) Course grade sheet, transcript, or score report
(2) Copy of receipt with itemized costs and payment
(3) Copy of approved application form

Personnel Department Use Only

<input type="checkbox"/> Application Approved	Director's Signature	<u>Antonio Beatty</u>	Date	<u>6-8-2020</u>
<input type="checkbox"/> Application Denied, because	Status	<u>3.5110.103.352</u>	<u>910-000-00031</u>	
<input type="checkbox"/> Probationary/temporary employee	Amount Paid	<u>50% of \$ 196.38</u>	<u>\$ 98.19</u>	
<input type="checkbox"/> Submitted after deadline	Approved by Finance Officer	<u>[Signature]</u>	Date	<u>6/1/2020</u>
<input type="checkbox"/> School not accredited				
<input type="checkbox"/> Course not offered for credit				
<input type="checkbox"/> Maximum annual allowance received				
<input type="checkbox"/> Other:				

*This instrument has been preaudited in the manner as required by the School Budget and Fiscal Control Act. *All reimbursements are subject to the number of participants, the costs of services, and the availability of funds. Any employee who terminates employment with the Bladen County School System within twelve (12) months after receiving tuition reimbursement must refund the entire amount of the reimbursement to the system by having the tuition reimbursement withheld from the last paycheck or by making full payment to the district.

	BLADEN COUNTY SCHOOLS TUITION REIMBURSEMENT APPLICATION FORM *	Semester <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring
		<input type="checkbox"/> Summer Year 20 <u>20</u> - <u>20</u>

APPLICANT INFORMATION			
Name	Cheryl White-Smith	SSN#	[REDACTED]
School	[REDACTED]	Work Phone	910-862-4136
Home Address	[REDACTED]	Home Phone	[REDACTED]

COURSE INFORMATION				
Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees	\$ 196.38	Total Hours	101.37	[REDACTED]

BEST PREPARATION FOR NATIONAL BOARD DIRECT SUBMISSION	
Group Offering Seminar	Cost \$
Dates	

TEST FEES	
Name of Test	Cost \$
Date of Test	

Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? Yes No

If yes, how much? \$ _____ Per Semester Month Other:

I certify that the information given above is true. Employee Signature: Cheryl White-Smith Date: 12/8/2020	I certify that the employee meets eligibility criteria, and I approve the request for reimbursement. Principal/Supervisor Signature: [Signature] Date: 12/11/2020
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Submit the following at the end of each semester/term to the Personnel Office:

- (1) Course grade sheet, transcript, or score report
- (2) Copy of receipt with itemized costs and payment
- (3) Copy of approved application form

Personnel Department Use Only			
<input type="checkbox"/> Application Approved	Director's Signature	[Signature]	Date: 11 Dec 20
<input type="checkbox"/> Application Denied, because <input type="checkbox"/> Probationary/temporary employee <input type="checkbox"/> Submitted after deadline <input type="checkbox"/> School not accredited <input type="checkbox"/> Course not offered for credit <input type="checkbox"/> Maximum annual allowance received <input type="checkbox"/> Other: _____	Status	3 5110-105-352.000 000 50	
	Amount Paid	5676.18 # 10 37	
	Approved by Finance Officer	[Signature]	Date: 12-11-20

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	BLADEN COUNTY SCHOOLS TUITION REIMBURSEMENT APPLICATION FORM *	Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
		<input checked="" type="checkbox"/> Summer	Year 20 <u>19</u> - <u>2020</u>	

APPLICANT INFORMATION			
Name	Cheryl White Smith	SSN#	[REDACTED]
School	District Office	Work Phone	910-862-4136
Home Address	[REDACTED]	Home Phone	[REDACTED]

COURSE INFORMATION				
Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees	\$ 305.07	Total Hours	[REDACTED]	

TEST PREPARATION OR NATIONAL BOARD REIMBURSEMENT			
Group Offering Seminar		Cost	\$
Dates			

TEST FEES			
Name of Test		Cost	\$
Date of Test			
Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, how much? \$ _____ Per <input type="checkbox"/> Semester <input type="checkbox"/> Month <input type="checkbox"/> Other:			

I certify that the information given above is true. Employee Signature: <u>Cheryl White Smith</u> Date: <u>7/7/2020</u>	I certify that the employee meets eligibility criteria, and I approve the request for reimbursement. Principal/Supervisor Signature: <u>[Signature]</u> Date: <u>7/15/2020</u>
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Submit the following at the end of each semester/term to the Personnel Office:
 (1) Course grade sheet, transcript, or score report
 (2) Copy of receipt with itemized costs and payment
 (3) Copy of approved application form

<input checked="" type="checkbox"/> Application Approved			
<input type="checkbox"/> Application Denied, because	Director's Signature	<u>Antonia Beatty</u>	Date <u>7-15-20</u>
<input type="checkbox"/> Probationary/temporary employee	Status	<u>35110-103-352-020-000-000-52</u>	
<input type="checkbox"/> Submitted after deadline		<u>50% of 305.07</u>	
<input type="checkbox"/> School not accredited	Amount Paid	<u>\$ 182.54</u>	Date <u>[Signature]</u>
<input type="checkbox"/> Course not offered for credit	Approved by Finance Officer	<u>[Signature]</u>	Date <u>7/15/2020</u>
<input type="checkbox"/> Maximum annual allowance received			
<input type="checkbox"/> Other: _____			

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**BLADEN COUNTY SCHOOLS
TUITION REIMBURSEMENT
APPLICATION FORM ***

Semester Fall Spring
 Summer Year 2020-2021

APPLICANT INFORMATION

Name	<u>Dia Collins Thomas</u>	SSN#	[REDACTED]
School	[REDACTED]	Work	<u>910876-2211</u>
Home Address	[REDACTED]	Phone Nos.	[REDACTED]

COURSE INFORMATION

Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees	\$ <u>1632.00</u>	Total Hours	[REDACTED]	

TEST PREPARATION OR NATIONAL BOARD SUBMISSION

Group Offering Seminar	<u>n/a</u>	Cost	\$
Dates			

TEST FEES

Name of Test	<u>n/a</u>	Cost	\$
Date of Test			

Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? Yes No

If yes, how much? \$ _____ Per Semester Month Other:

I certify that the information given above is true. Employee Signature <u>Dia Thomas</u> Date <u>1/11/21</u>	I certify that the employee meets eligibility criteria, and I approve the request for reimbursement. Principal/Supervisor Signature <u>[Signature]</u> Date <u>1/11/21</u>
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 (1) Course grade sheet, transcript, or score report
 (2) Copy of receipt with itemized costs and payment
 (3) Copy of approved application form

Personnel Department Use Only

<input type="checkbox"/> Application Approved	Director's Signature <u>Antonia Beatty</u> Date <u>2-16-21</u>
<input type="checkbox"/> Application Denied, because <input type="checkbox"/> Probationary/temporary employee <input type="checkbox"/> Submitted after deadline <input type="checkbox"/> School not accredited <input type="checkbox"/> Course not offered for credit <input type="checkbox"/> Maximum annual allowance received <input type="checkbox"/> Other: _____	Status <u>3.5110.103.352.096.000.000.50</u> <u>50% \$ 1632</u> Amount Paid <u>\$ 816.00</u> Date _____ Approved by <u>Susan W. Harum</u> Date <u>2-17-21</u>

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**BLADEN COUNTY SCHOOLS
TUITION REIMBURSEMENT
APPLICATION FORM ***

Semester Fall Spring
 Summer Year 20 19-20 20

PERSONAL INFORMATION

Name	Anthony D. Hinson	SSN#	[REDACTED]
School	Central Office	Work Phone	910-862-4136
Home Address	[REDACTED]	Home Phone	[REDACTED]

COURSE INFORMATION

Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees \$		Total Hours		
\$ 1485.00		[REDACTED]		

SEMINAR/WORKSHOP/CONFERENCE/BOARD REIMBURSEMENT

Group Offering Seminar	Cost \$
Dates	

TEST FEES

Name of Test	Cost \$
Date of Test	

Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? Yes No
If yes, how much? \$ _____ Per Semester Month Other:

I certify that the information given above is true.
Employee Signature: *Anthony Hinson* Date: *9/20/19*

I certify that the employee meets eligibility criteria, and I approve the request for reimbursement.
Principal/Supervisor Signature: _____ Date: _____

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(1) Course grade sheet, transcript, or score report
(2) Copy of receipt with itemized costs and payment
(3) Copy of approved application form

Personnel Department Use Only

<input checked="" type="checkbox"/> Application Approved	Director's Signature	<i>Victoria Beatty</i>	Date	<i>10-3-19</i>
<input type="checkbox"/> Application Denied, because	Status	<i>3 5110. 103 352. 030. 000 (000.50)</i>		
<input type="checkbox"/> Probationary/temporary employee	Amount Paid	<i>50% of \$ 1485.00</i>		
<input type="checkbox"/> Submitted after deadline	Approved by	<i>\$ 742.50</i>	Date	<i>10/17/19</i>
<input type="checkbox"/> School not accredited	Finance Officer	<i>Sharon A. Penny/RW</i>		
<input type="checkbox"/> Course not offered for credit				
<input type="checkbox"/> Maximum annual allowance received				
<input type="checkbox"/> Other: _____				

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**BLADEN COUNTY SCHOOLS
TUITION REIMBURSEMENT
APPLICATION FORM ***

Semester Fall Spring
 Summer Year 20 21-20 22

APPLICANT INFORMATION

Name	<u>Jason Atkinson</u>	SSN#	[REDACTED]
School	<u>District Office</u>	Work	<u>910-862-4136</u>
Home Address	[REDACTED]	Phone Nos.	[REDACTED]

COURSE INFORMATION

Name of School, College, or University				
Course Title	Course No.	Start Date	End Date	Credit Hrs.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Tuition or Fees	\$ <u>3,969.00</u> / <u>(850.00)</u>	Total Hours	[REDACTED]	

TEST PREPARATION FOR NATIONAL BOARD RE-SUBMISSION

Group Offering Seminar	Cost	\$
Dates		

TEST FEES

Name of Test	Cost	\$
Date of Test		

Are you receiving assistance from other sources (VA, grant, scholarship, etc.)? Yes No

If yes, how much? \$ _____ Per Semester Month Other:

I certify that the information given above is true. Employee Signature <u>[Signature]</u> Date <u>8/19/2021</u>	I certify that the employee meets eligibility criteria, and I approve the request for reimbursement. Principal/Supervisor Signature <u>[Signature]</u> Date <u>8/19/2021</u>
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- (1) Course grade sheet, transcript, or score report
- (2) Copy of receipt with itemized costs and payment
- (3) Copy of approved application form

Personnel Department Use Only

<input type="checkbox"/> Application Approved	Director's Signature <u>[Signature]</u> Date <u>8-26-2021</u>
<input type="checkbox"/> Application Denied, because	Status <u>3.5710.103.352 000.000-50</u>
<input type="checkbox"/> Probationary/temporary employee	<u>Max Amount</u>
<input type="checkbox"/> Submitted after deadline	Amount Paid <u>\$ 850.00</u> Date _____
<input type="checkbox"/> School not accredited	Approved by Finance Officer <u>[Signature]</u> Date <u>8/18/21</u>
<input type="checkbox"/> Course not offered for credit	
<input type="checkbox"/> Maximum annual allowance received	
<input type="checkbox"/> Other: _____	

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