



NOTICE OF INTENT TO APPLY FOR TUITION REIMBURSEMENT (2024-2025)

Date _____ Staff Name _____

Program Name _____

Program Address _____

Program Address _____

Course Number _____

Course Title _____

[note: use multiple sheets if taking multiple courses]

Semester: Year _____ Circle one: FALL WINTER SPRING SUMMER

By submitting this **Notice of Intent**, you confirm that you have worked at KOCO for at least 1 year and are not currently on probation for any reason. You understand that tuition reimbursement will be awarded at \$100 per course (grade B or higher) for a maximum of \$300 max per semester, \$600 max per year. Only courses accepted for credit by the Connecticut Office of Early Childhood (CT OEC) Professional Registry will be eligible for tuition reimbursement. Tuition reimbursement will be awarded to the first 5 applicants who submit this **Notice of Intent** AND a transcript of (a) successfully completed CT OEC-approved course(s).

These guidelines apply to KOCO's 2024-2025 Tuition Reimbursement Policy. KOCO reserves the right to review its Tuition Reimbursement Policy at the end of each fiscal year. Future reimbursement amounts are not guaranteed and will be dependent upon the availability of surplus funds at the close of each fiscal year.

Employee Signature _____
Date _____

Executive Director Signature _____
Date _____