



Atlanta Police Department

Atlanta Police Foundation

Tuition Reimbursement Program

2010-2011 Academic Year

Application Package

Applicant Name _____

Applicant Position & Assignment: _____

Applicant Contact Number: _____

Applicant E Mail Address: _____

For consideration for tuition reimbursement please return this completed application package by the published timelines. Return completed package to the Police Academy in person for consideration by the Scholarship Committee. You must have your package logged in and get the receipt in person. All sections must be filled out completely or your application may not be considered.

First Review: _____ Date: _____

Approved

Not approved

Second Review: _____ Date: _____

Approved

Not approved

Recommended Amount: _____

(For Committee Use Only)



YOU MUST COMPLETE ALL AREAS IN ORDER FOR THE COMMITTEE TO CONSIDER YOUR APPLICATION FOR REIMBURSEMENT

Applicant's Name _____

Date of hire: _____

Name of and location of the University/College you attended:

Where is your University/College Accredited? _____

The Council for Higher Education Accreditation (CHEA)

<http://www.chea.org/Directorries/regional.asp> lists the accepted institutions.

What is your program of study? (Ex: BA Criminal Justice, MS Public Administration, etc.)

For which semester/term are you requesting reimbursement?

What is your cumulative (all classes) grade point average (GPA) for **the semester** you are requesting reimbursement for? (**Attach grade sheet**) GPA _____

What total Tuition costs incurred are you requesting reimbursement for?

\$_____ (**Receipts must be attached**). **This is a reimbursement program.**

You must show that you have paid your tuition and that you received no grants or scholarships for the classes you are requesting reimbursement for.

Have you received any Grants or Scholarships to cover any expenses for this semester?

_____ If so when and how much? _____ (Ex:

HOPE Scholarship, grants, etc.)

Are you or have you requested tuition reimbursement in any form from another source other than the Atlanta Police Foundation? _____ (Including Student Loans)

If so when and how much? _____

Certifications/Acknowledgments

I certify that I am an employee of the Atlanta Police Department and that information entered on this form is true and accurate. I certify that I am not receiving reimbursement funds from another source for the semester/term requested in this application. I am requesting reimbursement for my personal funds expended for college tuition from the Atlanta Police Foundation. I acknowledge that it is my responsibility to submit complete, accurate, and timely documentation as requested by the committee.

Applicant Signature

Applicant Acknowledgement

I do hereby acknowledge and agree to maintain employment with the City of Atlanta for a period of not less than 36 months following the reimbursement of any tuition, books or fees by the Atlanta Police Foundation. If I resign, retire or involuntarily separate from the employment of the Atlanta Police Department within 36 months of reimbursement, I must reimburse the Atlanta Police Foundation the full amount of the reimbursement within in 90 days of my separation date. I understand that any unpaid balance after 90 days will be turned over to a collection agency.

Applicant's Signature

Date

Immediate Supervisors Certification

I certify that the applicant/employee has maintained satisfactory performance. I have reviewed this application for completeness.

Supervisor Comments: _____

Immediate Supervisor's Signature

Date

ATLANTA POLICE DEPARTMENT

Request for Atlanta Police Foundation Funds

Request by: Name _____ APD ID # _____

Division _____ Section _____ Unit _____

I would like to request funding from the Atlanta Police Foundation for _____
 The purpose of this request is as follows:

Tuition Reimbursement

Make Check Payable to:

Note: Attach any documentation that describes the need for funding along with invoices.

Amount requested: Amount approved: For APF Use Only

 Requestor Signature / _____ / _____
Title / Date

 Supervisor Signature / _____ / _____
Title / Date

APF Liaison

Program that will fund the request (if applicable)

<input type="checkbox"/> Recruitment	<input type="checkbox"/> Mounted Patrol	<input type="checkbox"/> Affordable Housing
<input type="checkbox"/> Training	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Crime Stoppers

 APF Liaison Signature Date

Program Committee Chair: Approved Not Approved

 Program Committee Chair Signature Date

Deputy Chief of SSD: Approved Not approved

 D/C SSD Signature Date

Assistant Chief of Police: Approved Not approved

 A/C Signature Date

Chief of Police: Approved Not approved

 COP Signature Date

APF President/CEO: Approved Not approved

 APF President/CEO Signature Date

APF Resource

Investment Committee: Approved Not approved

 APF RIC Chair Signature Date