

STAFF TUITION REIMBURSEMENT PROGRAM

**APPLICATION**

Before completing this application, it is important that you understand the guidelines of the Staff Tuition Reimbursement Program (STRP). If you need a copy of the guidelines call the Educational Assistance Programs Office at 650-723-0657 or <http://hrep.stanford.edu/strp.html>. Submit one application each academic year. Return completed application to: Educational Assistance Programs Office, 320 Panama Street, Stanford, CA 94305-4160 or inter-department mail MC: 4161. **SLAC Employees** return to: SLAC Benefits Office, 2575 Sand Hill Road, Menlo Park, CA 94025 or Mail stop 11.

**EMPLOYEE INFORMATION**

Name: Last, First (Please print clearly)

Mail Code

Department Name

Phone Number

Stanford University ID

College or University ID

Have you applied for STRP before: Yes:  No:

If yes, what year: \_\_\_\_\_

**COLLEGE OR UNIVERSITY INFORMATION**

College or University: \_\_\_\_\_

Degree (A.A., B.A., M.A., Ph.D.): \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Career Development:  Job Related:

Graduate:  Undergraduate:

Undergraduate Class Level: Freshman, Sophomore, Junior, Senior (Circle)

Year I plan to graduate: \_\_\_\_\_

Academic Year I am applying for: \_\_\_\_\_

**Your signature below verifies that these statements are true:**

- I have been employed at Stanford in a regular position for at least one year, 50% time or more (funds for part time staff are pro-rated).
- I received no financial assistance from other sources that would duplicate STRP assistance.
- I have discussed career development and performance objectives with my supervisor
- After completion of each quarter/semester, I will send evidence of satisfactory completion (grades, transcripts) to Educational Assistance Programs Office. If I do not complete a course, or receive a grade D or F, I will reimburse the University for funds used.
- I have provided complete and accurate information on this application. If I do not comply with all guidelines, I may be ineligible to receive STRP funds.

Supervisor: Your Signature verifies that compliance with STRP policy has been met.

Employee Signature

Date

Supervisor's Signature

Print Name

Phone Number

Date

FOR EDUCATIONAL ASSISTANCE PROGRAM /SLAC OFFICE USE ONLY  
Date Received: \_\_\_\_\_ Employee hired date: \_\_\_\_\_ FTE: \_\_\_\_\_

**FAX TO: (650) 725-8234**