



Educational Assistance Program Application

Thank you for your interest in the Ben E. Keith Educational Assistance Program. Please complete this application and send a copy to education@benekeith.com along with the requested details about the courses you will be taking.

Applications will be reviewed by our Educational Review Committee three times each year shortly after the application deadlines. You will be notified of their decision within four weeks of the deadline. Applications should be submitted no later than the below deadlines. However, if any of these dates fall on a holiday or weekend, the application deadline will be the following Monday.

- July 15 for Fall semester
- November 15 for Spring semester
- April 15 for Summer semester

Today's date: _____

Employee name: _____ Location: _____

Division: _____ Job title: _____

Name of institution: _____

Address of institution: _____

Degree or certification sought: _____

Title of course: _____ Date of course: _____

Title of course: _____ Date of course: _____

Title of course: _____ Date of course: _____

Title of course: _____ Date of course: _____

Title of course: _____ Date of course: _____

(Attach another page as needed)

Anticipated Reimbursement Request (up to a maximum calendar reimbursement of \$5,250)

Tuition: _____ Fees _____ Books/materials _____ **Total** _____

I have reviewed the BEK Educational Assistance Program Policy with my manager and understand the eligibility and reimbursement requirements.

Manager Signature _____

Manager Name _____

I understand that if my application into the program is approved, reimbursement will be contingent upon successful completion (a grade of C) of each course. I further understand that I must submit copies of all receipts and bills to education@benekeith.com within 60 days of completing coursework.

Employee Signature

Date