

**APPLICATION
FOR BENEFITS UNDER
EDUCATIONAL ASSISTANCE PLAN
OF THE SCHROER GROUP**

1. Name:
2. Address:
3. Telephone Number: Work: _____ Home: _____
4. Date of Hire: _____ Current Position: _____
5. Educational Institution Where Enrolled:
6. Degree Pursuing:

Anticipated Time Length in Pursuit of degree: _____ Years _____ Months
7. Please describe the course or courses you wish to take. Include in your description the number of credit hours you will receive for each course.

8. Describe why you wish to take these courses and how the courses you wish to take relate to your present employment position or will assist you in advancing your current employment position:

9. What is the cost of each course you wish to take? (You may not receive more than \$5,250 in benefits in any one year.) Please attach a copy of the applicable invoice to the application.

<u>Course</u>	<u>Cost</u>
_____	_____
_____	_____

10. Are you receiving any other public or private financial assistance to enable you to take the courses described in this application? _____ No _____ Yes If yes, describe the amount of such financial assistance and the source:
11. Please attach the following to this application:
- a. Evidence of enrollment
 - b. Copy of applicable invoice for courses.
 - c. Written recommendations of at least two (2) supervisors at the facility or company where you are employed.
 - d. Written recommendation of administrator or director of facility or company where you are employed.
 - e. Any receipts for reimbursement or invoices for course expenses for consideration.

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I understand that I must attain at least a grade of "C" in order to be eligible for additional benefits, unless I retake the course at my own expense and attain the minimum grade of "C". I also understand that if I terminate employment (for reasons other than death or permanent disability) I will be required to repay all or a portion of the benefit which I received, in accordance with the Educational Assistance Plan of The Schroer Group (the Plan). In the event my application is accepted, I agree to sign a Loan Agreement reflecting this repayment requirement prior to receiving my benefits. In addition, I agree that the course(s) described in this Application will be taken on personal time and will not adversely affect my work performance.

I have received a copy of the Plan and understand and agree to the terms of the Plan.

I hereby certify that the information which I have provided is, to the best of my knowledge and belief, true and accurate.

Date: _____

Signature of Applicant