



SCHOLARSHIP/TUITION ASSISTANCE

APPLICATION

(rev. 3/2016)

Please PRINT all requested information (except signature line); and scan & send your completed application to: suggestions@4wheelparts.com ; or deliver/mail to Silvia Arias in the Compton HR Department.

Our Scholarship Committee meets monthly, and will consider your request within one month of when it was received. If approved, and upon completion of the course/seminar/program, submit a copy of your grade report to the HR Department. If the course was successfully completed (as defined below) your approved scholarship/tuition assistance pre-approved amount will be reimbursed to you. The maximum reimbursement to any employee will be \$5,000 per year.

SECTION 1: ABOUT YOU

EMPLOYEE'S NAME: _____

WORK LOCATION: _____

TELEPHONE #: (_____) _____ - _____

EMAIL ADDRESS: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

THIS REQUEST IS FOR (check one): _____ ME _____ MY CHILD (under age 26)

If this request is for your child, please state:

CHILD'S FIRST & LAST NAME: _____

CHILD'S AGE: _____

CHILD'S DATE OF BIRTH (month/date/year): _____/_____/_____

(NOTE: Proof of relationship to the employee may be required)

SECTION 2: ABOUT THE COURSE/SEMINAR/PROGRAM

Course/Seminar/Program Name (s): _____

Course/Seminar/Program Date(s): _____ to _____

Degree Sought: _____
(if applicable)

If degree program, estimated time period for completion: _____

Name of Educational Institution: _____

City & State of Educational Institution: _____

Course/Seminar/Program Expenses:

Tuition: \$ _____

Registration: \$ _____

Total: \$ _____

Development Objective (what long-term goal is this program/seminar/course(s) intended to help you - or your child - reach?):

Value of Degree Program/Seminar/Course(s) to TAP (if you're requesting assistance for yourself): _____

Attach a copy of the program/seminar/course description, as written by the educational institution.

If seeking a degree program, please attach a brief outline of the courses included in the program from the college catalog or program brochure (necessary for initial request only).

SECTION 3: WHY YOU SHOULD RECEIVE ASSISTANCE

ESSAY: *DESCRIBE IN YOUR OWN WORDS WHY YOU (or your child) SHOULD RECEIVE A SCHOLARSHIP (attach a separate page, and tell us in 300-500 words, double-spaced, why you are requesting this assistance)*

SECTION 4: REIMBURSEMENT PROCESS RULES

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of “**B**” or better for graduate courses; a grade of “**C**” or better for undergraduate courses; or “**PASS**” if only a Pass/Fail option exists for the course) of each course and submission of all receipts related to tuition and/or registration fees within sixty days thereafter.

I understand that I must pay the cost of tuition and fees in advance, and upon successful completion of the course(s), the company will reimburse me at the appropriate rate as outlined in the policy. I understand that I must furnish a grade report and receipts of expenses before reimbursement will be made.

Employee Signature _____ Date: ____/____/____

TAP SCHOLARSHIP COMMITTEE USE ONLY

DATE CONSIDERED: _____

STATUS (check one): _____APPROVED _____NOT APPROVED

\$ AMOUNT APPROVED: \$_____

If not approved, reason(s):

