

**** Late Applications received after stated deadlines listed in the Education Assistance Fund Guidelines will not be accepted.**

**Education Assistance Fund For Administrative/Professional Staff
and Non-Bargaining Unit Staff**

Please complete all sections that pertain to you.

→ 1). Name _____ Harvard ID# _____
Job Title _____
School/Central Department _____ Department/Office/Program _____
Notification Email Address _____
Work Phone Number _____
University Address _____
Date of Hire _____

2). Please fill out the following section if you are taking classes for credit.

Name of school where course was taken _____
Degree achieved/working towards _____
Course Title _____
Number of credits completed with this course _____
Course start date _____ Course end date _____
Number of classes you are attending this semester ___ Total cost of semester _____

IMPORTANT: Please attach copies of

1. Course description
2. Tuition information
3. a photocopy of an official transcript or other document showing grade
4. Cost and Payment information

3). Please fill out the following if you are attending non-credit seminars or conferences.

Name of seminar/conference _____
Certificate achieved, if any _____
conference/seminar start date _____ conference/seminar end date _____

IMPORTANT: Please attach copies of

1. Conference/seminar description
2. Cost information
3. a photocopy of certificate or other document indicating completion
4. Cost and Payment information

→ 4). Please check one according to eligibility categories described in the Ed. Fund guidelines.

Category 1 _____ Category 2 _____ Category 3 _____ Category 4 _____
Briefly explain why this activity fits the criteria for eligibility: _____

→ 5). Tuition cost for this course/conference/seminar _____
Amount you are applying for from this fund _____
Do you plan to use TAP for this semester _____
If yes, do you plan to use TAP for this course _____ Expected amount: _____
If no, please explain why _____

Your application will not be considered complete without requested information.

Signature _____ Date _____

**Submit to: Office of Human Resources
Education Assistance Fund for Admin/Prof. Staff
124 Mt. Auburn Street, 3rd floor
Cambridge, MA 02138**