EDUCATION ASSISTANCE PROGRAM APPLICATION

NAME	IDa	¥	
	DEPT/DIV		
Circle Highest Grade Com	pleted		
Grade School High School 5 6 7 8 9 10 11	Trade or Bus. Sch	ool College 1 2 3 4	
Name of Institution	Major Subject	Name of Degree or Number of Credits Earned	
I hereby submit the followin the rules of the Education As		following institution, for approval under	
Name of Institution			
I am seeking Education Assi a HSD/GED	stance for completion of or	e of the following:	
b Degree	Name of Degree:		
c Certificate	Name of Certificate:		
d Credit Hours Name of Course: Ends: Ends: Course Fee Breakdown:		Ends:	
	Total Estimated Charges:		
greater responsibility with th	e Town of Kernersville.	ou in your present job or prepare you for	
Applicant's Signature:			
Recommended by:		Date	
Depar Approved by:	tment Head or Designee	Date	
Human Resources Analy Approved by:		Date	
Huma	n Resources Director	Date	
Approved by: Town	Manager	Date	