USD 320 Wamego Public Schools

College Tuition Assistance Program

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: **( )** _____ School Where You Teach: _____

Position Taught: _____

Assistance Request Information

Please complete all

Priority category (refer to Article XII of the Negotiated Agreement)

☐ Priority 1 ☐ Priority 2 ☐ Priority 3

How does this request meet the identified priority category? Please be detailed in your explanation.

Course Listing(s): Include the name and costs for all courses you are applying for tuition assistance. Attach course description for individual courses applied for under Priority categories 2 & 3.

Course Name	Cost	Course Name	Cost