



SILVERADO EDUCATIONAL ASSISTANCE APPLICATION

Instructions for Completion:

1. Verify with your manager the courses you are requesting reimbursement are job related prior to taking the course.
2. Once you have completed the course, complete this application and submit to your supervisor for signature.
3. Completed and signed Educational Assistance Application, along with required backup documents (final grade, course information and proof of payment) should be submitted to educationassistance@silverado.com.

Courses must be related to the job you currently perform or related to a future position available within Silverado.

Associate Name: (last, first name)		Date of Hire:	Today's Date:
Associate Number:		Job Title:	Community/Location:
School Attending:		Course/Program:	
Academic Credits:		Anticipated Completion Date (if applicable):	
Total Course Expense Estimate:		Silverado Reimbursement Requested (max \$500 per anniversary year)	
<p>Please describe how this requested course will contribute to maintaining or improving your current job skills, contribute to your professional development, and/or contribute to your community, office, or branch.</p>			
<p>I certify that the above is true to the best of my knowledge. I understand that educational assistance must be work-related, is not an absolute right and is subject to manager's approval. Reimbursement is conditional upon satisfactory course completion. I hereby release my course attendance and grade records for this course. <u>In addition, my signature below indicates I have not received financial reimbursement from any other source for the amounts requested above (excludes loans).</u></p>			
Employee Signature:		Date:	
Supervisor Name:	Supervisor Signature	Date:	
Administrator/VP Name:	Administrator/VP Signature:	Date:	

HR/Benefits Use Only:

Prior Reimbursement:	DOH:	Status:	Pay Group:	Pay Frequency: