

Tuition Reimbursement Form
Marion Local Schools
2024-2025 School Year

Teacher Name _____
First Masters: _____
1 Sem. Hr \$250
(Max \$750/yr.)
2nd Masters/Adv Deg or Non-Degree Prgm.

Name of College or University _____
1 Sem. Hr \$220
(Max \$660/yr.)

Address _____

_____ Attach syllabus and registration form
Name of Course

Is the college/university fully accredited in the State of Ohio? _____
yes no

_____ Year and date of class beginning _____ Year and date of class completion

Are currently enrolled in a degree program? _____ if so _____
Yes No Masters(+) Specialist Ph.D

Return to: Mike Pohlman, Superintendent

***Payments made in June of each school year**

***Remember to attach syllabus, registration form and a receipt for paying for the class**

***All courses must be approved by the Superintendent before starting the class and completing this form.**

***Approved request for tuition reimbursement will be paid on a first come, first served basis, not to exceed \$15,000.**

Request approved _____

Request denied _____

Date

Superintendent Signature