Tuition Reimbursement Form

Marion Local Schools
2026-2027 School Year

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First Masters: _____
1 Sem. Hr $250
(Max $750/yr.)

_____
Teacher Name

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