

APPLICANT INFORMATION

Employee Name (please print)	Employee I.D.	Location	Phone
Job Title			
PRIOR DEGREES AWARDED <i>(list the school/University and dates)</i>			
School/University: _____	Dates: _____	to _____	
School/University: _____	Dates: _____	to _____	
Degree/Certification Sought: _____			
Discipline/Field of Study: _____			
Expected Completion Date: _____		Cost per credit hour: _____	
University/Institution: _____			
Program/Curriculum Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State of Residence: _____		Type of Registration: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State	
Have you ever participated in Kepler's Educational Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what degree/certificate were you pursuing and what is the current status of that program?			

SUPPORTING DETAILS

- a. Attach a detailed schedule of the education program (by semester & by course) through completion by academic year. Include corresponding cost estimates for tuition, textbooks, registration fees, and other allowable expenses. Specify any courses already completed. Also include other financial means and a breakout of how payment will be made. (Example: \$5000 Educational Assistance Program - \$2000 Kepler Research's assistance & \$1000 VA Benefit).
- b. Attach a copy of course descriptions pertinent to the degree pursued and explain how they relate to Kepler Research's current or anticipated work.
- c. Explain any constraints that this curriculum may impose on your current workload with Kepler Research and how you plan to work around them.

SIGNATURES

Acknowledgment: I have read Kepler Research's Educational Assistance Program Guidelines. In submitting this application, I believe that I qualify for assistance under the Program. I understand that: (a) after the degree/certificate program or course(s) has been approved by my Vice President and then by the company's President, I must complete a Kepler Research Course Approval form for each course prior to the advance of funds; (b) I must update this plan if there are any changes in degree/certificate sought or courses to be taken; and (c) amounts reimbursed under the Program may be subject to withholding taxes, and, if applicable, I will be required to reimburse Kepler Research for any taxes due. I also understand that the parameters of the Educational Assistance Program may change at any time, with or without notice.

Applicant Signature	Date	Vice-President Signature	Date
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FOR OFFICE USE ONLY

APPROVED DISAPPROVED President's Initials: _____ Date: _____

Comments: _____

