

## **IAEOP MEMBER EDUCATIONAL REIMBURSEMENT PROGRAM (COVERS TUITION/BOOKS/FEEES)**

The IAEOP Member Educational Reimbursement Program (a tuition/books/fees compensation) was established to assist members of the Illinois Association of Educational Office Professionals who are pursuing (1) higher education in job related course work and/or (2) Professional Standards Program Certification (PSP).

Maximum value of reimbursement will not exceed \$400.

Qualified applicants will **not** be judged: the recipient(s) will be selected by means of a drawing which will take place in February. If the person selected is not requesting reimbursement for the full \$400 allotted, then a second recipient will be drawn and so on, until all monies allocated for the reimbursement program are utilized.

Requirements needed to apply for the IAEOP Member Educational Reimbursement Program are:

Applicant must be an IAEOP member for 3 consecutive years prior to applying for reimbursement.

Applicant must enclose proof of successful completion of course work at the time of application. Courses must be completed during the previous calendar year of application deadline.

Course(s) completed must be business office related (computer classes, keyboarding, typing, shorthand, accounting, bookkeeping, office practices and procedures etc.).

Course work must be taken at business colleges, community colleges, colleges and/or universities.

IAEOP reimbursement applications must be completed properly and accompanied with receipts verifying registration and/or payment for the course work, books and fees.

**Completed applications must be postmarked on or before February 1.**

If a person is already being reimbursed for course work from other sources, he/she is not eligible for reimbursement under this program.

Recipients will be notified immediately following the drawing and awards will be presented at the IAEOP Spring Conference.

**IAEOP MEMBER EDUCATIONAL REIMBURSEMENT PROGRAM**  
**(COVERS TUITION/BOOKS/FEEES)**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employed by \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Name of Local Affiliate \_\_\_\_\_

President of Local Affiliate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Describe all completed **course** work. Please attach a photocopy of tuition/fees from the school catalog and a photocopy of the catalog page describing the course.

Receipts for tuition/books/fees must also accompany application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for taking the course(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of reimbursement requested (not to exceed \$400) \_\_\_\_\_

Years of membership in local association \_\_\_\_\_

Years of membership in IAEOP \_\_\_\_\_

Years of membership in National AEOP \_\_\_\_\_

Association participation (elected officer, committee chairs, committees served):

Local: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

National: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed applications are to be postmarked no later than February 1 and sent to the Member Educational Reimbursement Program Chairman:

**Marilee Potter**  
**IAEOP Member Educational Reimbursement Program**  
**238 E. Oak Cliff Ct. #104**  
**Peoria, IL 61614**