

EMHS Tuition Reimbursement



East Mountain High School

Your Information

Name _____

Address _____

City, ST Zip Code _____

Phone _____

Email _____

Your Program

Degree or Program Pursuing _____

Institution _____

Explanation of costs _____

Total reimbursement request _____

Acknowledgements

I will provide proof of completion of the course/program.

Proof of Payment

In addition to this form, please include documentation that shows proof of payment.

Signature(s)

Date

