

CARRIE M. HALL FUND
of the
Alumni Association Peter Bent Brigham School of Nursing, Inc

Application for Tuition Reimbursement

Name _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Yr of PBB Grad: _____ States & Registration No: _____

Course Title: _____

Date Course Completed: _____ Cost: _____

Course Title: _____

Date Course Completed: _____ Cost: _____

Course Title: _____

Date Course Completed: _____ Cost: _____

College/University: _____

Amount Requested: _____ Signature: _____

Note:

- To be eligible for tuition reimbursement, you must be an ongoing dues paying member of the PBB SON Alumni Association.
- Delinquent dues must be paid before reimbursement is awarded. You may refer any questions about your dues status to Joan Seiberth, Assistant Treasurer.
- Reimbursement money is awarded depending on the availability of funds.
- A maximum of \$3000.00 (three thousand) per member may be requested.
- Awards will be granted upon proof of passing grade for the course(s) and evidence of full dues payment.
- Application should be submitted within one year of completion of the course.

Please Submit the Following:

- Completed Application Form
- Copy of cancelled check as proof of tuition payment

Send to: Joan Seiberth, Ass't Treasurer
44 Maidstone Drive
Merrimack NH 03054
jbseiberth@yahoo.com

Do Not Write Below This Line
Action By Officers and Board of Directors

Approved: _____ Amount: _____

Disapproved: _____ Reason: _____

Date: _____ Signature: _____