

**District 1199C Training and Upgrading Fund**  
**Practical Nursing Upfront Tuition Assistance Agreement**

Participant Name (please print): \_\_\_\_\_

**District 1199C Training & Upgrading Fund is paying for your tuition based on the payment schedule provided by the school prior to the start of each level rather than reimbursing you at completion of each level. By signing this document, I agree to the following term:**

I agree that if for any reason I do not complete Level I, II, III, or IV or do not satisfactorily receive a passing grade, I will repay the full amount of the tuition owed to the Training Fund within 6 months of the end of that said level. \_\_\_\_ **(initial)**

I understand that there is a maximum tuition assistance of \$5000 per fiscal year *July 1<sup>st</sup> – June 30<sup>th</sup>* **(this amount only applies to full time employees and is pro-rated for part time employees base on the number of hours work consistently per week)** and any balance beyond that amount is my responsibility. \_\_\_\_ **(initial)**

I agree that failure to pay the monies owed to the Training Fund will result in legal proceedings and that I forfeit the future use of Training Fund benefits (suspended) until monies are paid in full. \_\_\_\_ **(initial)**

I agree to provide proof (copy of receipt(s) upon each level to confirm there's no outstanding balance remaining before next level is paid by the Training Fund. \_\_\_\_ **(initial)**

I agree it is my responsibility to provide a copy of my grades/transcript upon completion of each level to support the upfront payment paid on my behalf. \_\_\_\_ **(initial)**

I agree and authorize The Training Fund Tuition Reimbursement/Assistance Office staff representative to be able to obtain my grades from HTTI Practical Nursing Program upon request. \_\_\_\_ **(initial)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

**I ACKNOWLEDGE THAT UNDER PENNSYLVANIA LAW I HAVE THREE BUSINESS DAYS FROM THE DATE OF SIGNING TO CANCEL THIS AGREEMENT AND THAT THIS IS A LEGALLY BINDING AGREEMENT.**