

Tuition Remission Program 2024 – 2025 Academic Year*

Acknowledgement:

I certify that this agency is a private provider of human services that holds at least one current state contract with any of the Secretariats of Health and Human Services, Elder Affairs or Administration and Finance. The contract(s) are for object codes M03 and/or MM3 to provide services that assist, maintain or improve the personal, mental or physical well-being of individuals or families, including social, habilitative, rehabilitative, health, mental health, intellectual and developmental disabilities, vocational, employment and training, and elder services, but specifically excluding special education services.

I have read and understand the guidelines and will ensure that only eligible, full-time employees will be referred for consideration in the program. Any violations will result in the termination of the referred persons eligibility and agency program use may be terminated immediately.

Upon approval of this agency, I will advise my employees of our policies regarding the Tuition Remission program and update eligible employees about any revisions to the program that the Providers' Council or Board of Higher Education may make in the future.

A check issued for the non-refundable fee in the amount of \$_____ is enclosed.

Agency Representative Printed Name

Agency Representative Signature

Date

For Providers' Council Office Use Only

Authorized Signature

Date

**The academic year includes Summer Session II (July/August) 2024, Fall 2024, Winter/Spring 2025, and Summer Session I 2025 semesters only.*

For further questions, contact tuitionremission@providers.org