

Tuition Remission Program

2025 – 2026 Academic Year*

INSTRUCTIONS: In order for your human services employees to participate and/or continue to participate in the Tuition Remission program, sponsored by the Providers' Council, your agency must:

RENEWAL Registration (\$50 = Providers' Council MEMBER or \$200 = NON-Member fee)

1. To be eligible for the renewal rate, you **must renew consecutive years** (year to year).
2. Complete and submit RENEWAL online [here](#) **OR** complete this renewal section and email form to tuitionremission@providers.org **OR** mail completed renewal form with RENEWAL fee, payable by check to the Providers' Council at 100 Crossing Blvd., Suite 100 Framingham, MA 01702. You may pay with credit card if submitting via the online form.
3. Upon approval of this form, the Providers' Council will renew the Certificates of Employee Eligibility for Tuition Remission from your eligible employees for the academic year 2025-2026.

Check if a member of the Providers' Council

Human Resources Representative Name (first and last name)

Job Title

Agency Name

Email Address

FIRST TIME Registration (\$100 = Providers' Council MEMBER or \$250 = NON-Member fee)

1. If your organization has **NEVER** participated in Tuition Remission through the Providers' Council **OR** a year has lapsed, please review Tuition Remission Guidelines.
2. Complete and submit full registration form online [here](#) **OR** complete information below and email form to tuitionremission@providers.org **OR** mail completed form with REGISTRATION fee, payable by check to the Providers' Council at 100 Crossing Blvd., Suite 100 Framingham, MA 01702. You may pay with credit card if submitting via the online form.
3. Upon approval of this form, the Providers' Council will send a Certificate of Employee Eligibility for Tuition Remission to your agency for duplication and distribution to interested employees.

Check if a member of the Providers' Council

Human Resources Representative Name (first and last name)

Job Title

Agency Name

Email Address

Corporate Address

Phone Number

City

State

Zip Code

Federal Employer Identification Number

Funding Agencies (for ex. DCF, DMH, DDS, DPH, DTA, DYS, ELD, MCB, MCDHH, MRC, EECC, ORI)

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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) 2025, Fall 2025, Winter/Spring 2026, and Summer Session I 2026 semesters only.*

For further questions, contact tuitionremission@providers.org