

IAEOP MEMBER EDUCATIONAL REIMBURSEMENT PROGRAM (COVERS TUITION/BOOKS/FEES)

The IAEOP Member Educational Reimbursement Program (a tuition/books/fees compensation) was established to assist members of the Illinois Association of Educational Office Professionals who are pursuing (1) higher education in job related course work and/or (2) Professional Standards Program Certification (PSP).

Maximum value of reimbursement will not exceed \$400.

Qualified applicants will **not** be judged: the recipient(s) will be selected by a lottery type drawing within one week of the deadline with an independent committee. If the person selected is not requesting reimbursement for the full \$400 allotted, then a second recipient will be drawn and so on, until all monies allocated for the reimbursement program are utilized.

Requirements needed to apply for the IAEOP Member Educational Reimbursement Program are:

Applicant must be an IAEOP member for 3 consecutive years prior to applying for reimbursement.

Applicant must enclose proof of successful completion of course work at the time of application. Courses must be completed during the previous calendar year of application deadline.

Course(s) completed must be business office related (computer classes, keyboarding, typing, shorthand, accounting, bookkeeping, office practices and procedures etc.).

Course work must be taken at business colleges, community colleges, colleges and/or universities.

IAEOP reimbursement applications must be completed properly and accompanied with receipts verifying registration and/or payment for the course work, books and fees.

Completed applications must be postmarked on or before February 1, 2011.

If a person is already being reimbursed for course work from other sources, he/she is not eligible for reimbursement under this program.

Recipients will be notified immediately following the drawing and awards will be presented at the IAEOP Spring Conference.

**IAEOP MEMBER EDUCATIONAL REIMBURSEMENT PROGRAM
(COVERS TUITION/BOOKS/FEES)**

Date _____

Applicant's Name _____

Home Address _____

Home Phone _____ Business Phone _____

Employed by _____

Business Address _____

Name of Local Affiliate _____

President of Local Affiliate _____

Address _____

Home Phone _____ Business Phone _____

Describe all completed **course** work. Please attach a photocopy of tuition/fees from the school catalog and a photocopy of the catalog page describing the course.

Receipts for tuition/books/fees must also accompany application.

Purpose for taking the course(s): _____

Amount of reimbursement requested (not to exceed \$400) _____

Years of membership in local association _____

Years of membership in IAEOP _____

Years of membership in National AEOP _____

Association participation (elected officer, committee chairs, committees served):

Local: _____

State: _____

National: _____

Other: _____

Completed applications are to be postmarked no later than February 1, 2011 and sent to the Member Educational Reimbursement Program Chairman:

DEBORAH A. VANLANDUIT
IAEOP Member Educational Reimbursement Program
C/O PROPHETSTOWN HIGH SCHOOL
310 W Riverside Drive
Prophetstown, IL 61277