

TRAINING TUITION ASSISTANCE APPLICATION

Company Name: _____

Company Address: _____

Company Mailing Address (if different): _____

_____ City State Zip

Phone: (____) _____ FAX: (____) _____

E-Mail Address: _____

Original SCDOT Certification Date: _____ Last Certification Renewal Date: _____

In the last two years, my firm has attended the following SCDOT sponsored training events:

Event/Training & Date: _____

Event/Training & Date: _____

Event/Training & Date: _____

Reimbursement Requested For:

Name: _____ Title: _____

Title of Program (attach announcement/registration form):

Trainer: _____ Training Location: _____

Cost of Training: \$ _____ Amount Requested: \$ _____

Please provide a brief summary of the training and how it will enhance your firm's business. You may attach additional pages, if necessary.

I understand that reimbursement is contingent upon prior written approval, attendance/satisfactory completion of the above mentioned program and my compliance with the attendance acknowledgement procedure. My failure to adhere to the stipulated guidelines will result in my ineligibility of reimbursement and jeopardize my eligibility for future training tuition assistance. I understand that denial of assistance is at the final discretion of the SCDOT.

Signature Date

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TTA Program Coordinator Date Recommended Not Recommended

Approved Denied

(TTA-2) Revised 01-2020

Director of Supportive Services & Business Development Date

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