



Tuition Reimbursement Application for Children of Doctors, Scientists and Executives

Associate Name: _____ EZID # _____

Contact Number: _____ Title: _____

Full Time Part Time Department: _____

Campus Moses Weiler North CHAM CMO/EHIT

Student Name: _____ Relation: _____

Name of College/University: _____

Degree Pursued (i.e. AA/BA/MA/MD): _____ Major: _____

Freshman Sophomore Junior Senior

Current Semester: _____ Expected Date of Graduation (MM/YYYY) _____

Total Cost of Tuition, Room, Board and Books \$ _____

Please attach required documents mentioned bellow.

Check List

Acceptance Letter (Freshman Only)

Copy of Receipt of Payment

Please indicate the name and EZID # of any other Montefiore associate who will also be claiming reimbursement for this student under policy V-20 for this academic year.

Name EZID #

Associate Signature _____ Date: _____

Human Resources Use Only

Tuition Reimbursement Approval _____ Date: _____

Amount Allowed \$ _____

Return to the Tuition Office
Mail Address: 111 East 210th Street, Bronx, NY 10467
Office: (914) 349-8563 Fax to: 914-349-8584
Email to: tuition@montefiore.org