



HICKMAN MILLS C-1 SCHOOL DISTRICT
EDUCATIONAL FOUNDATION
Dual Credit Tuition Reimbursement Application

Date: _____

Name of Applicant: _____

Applicant's Address: _____

City/Zip: _____

Name of Parent(s) or Guardian(s): _____

Name of Person(s) Who Paid Tuition: _____

Best Phone Number(s) to Contact: _____

Annual Household Income: \$ _____

Check Courses Enrolled:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Government 210 | <input type="checkbox"/> College Algebra | <input type="checkbox"/> Intro to Micro/
Macroeconomics |
| <input type="checkbox"/> American History 101/102 | <input type="checkbox"/> English 110/204 | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Biology 101 | <input type="checkbox"/> Fundamentals of Speech | <input type="checkbox"/> Pre-Calculus |
| <input type="checkbox"/> Calculus | <input type="checkbox"/> History of Warfare | <input type="checkbox"/> Western Civilization
201/202 |
| <input type="checkbox"/> Chemistry 101 | <input type="checkbox"/> Intro to Comparative
Politics | |

Signature of Applicant

Date

Final Grade

Signature of Teacher

Date

Foundation Official Use Only

To be completed by a Foundation official before final determination.

Essay Grade Confirmation

Reimbursement Application Interview

Approval or Denial: _____

Signature of Foundation Executive Director/President

Date