Healthcare Employee Upfront Tuition Match Information and Application

As the talent pipeline challenges have been exacerbated by the pandemic, we must look at new innovative ways to evolve workforce development practices to meet the needs of workers. It is CareerSource Brevard’s mission to facilitate and be the catalyst for workforce development services that are responsive to the employment needs of Brevard County. CareerSource Brevard secured $5,000 in grant funding to issue a tuition match of up to $500 to incentivize employer based upfront tuition assistance or employer funded tuition deferrals for a minimum of 10 healthcare employees, not to exceed 2 per participating employer. The funding is available to Brevard County healthcare employers to apply for on a first come first serve basis until funding is exhausted or the grant ends on September 30, 2022. Tuition match payments will be issued directly to the training provider on behalf of the company’s employee.

Please note, if the training provider does not appear on CareerSource Brevard’s Eligible Training Provider List <https://careersourcebrevard.com/wp-content/uploads/2018/10/Region-13-State-List.pdf>, the training institution will need to submit a W-9 form to CareerSource Brevard for the tuition match to be processed. Please complete the application/agreement below (link the application to our website?) to receive the tuition match for up to two employees, not to exceed $500 per employee:

**Healthcare Employee Upfront Tuition Match Application/Agreement**

**Office Use Only:**

Date Received: Click or tap here to enter text.

**SECTION 1. Company Information:**

Company Name: Click or tap here to enter text.

Employer’s Federal ID Number: Click or tap here to enter text.

Street/Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. Zip: Click or tap here to enter text. County: Brevard

Primary Company Contact & Title: Click or tap here to enter text.

Signatory Authority & Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Ext. Click or tap here to enter text.

Email Address: Click or tap here to enter text. Website Address: Click or tap here to enter text.

**SECTION 2. Employee/Trainee(s)’ Information:**

Trainee Information: The company hereby affirms the employee(s) listed below have the documented right to work in the United States of America. Furthermore the contracting company affirms they have on file copies of acceptable documents used to establish identity, age and employment eligibility for the named individuals. The company also has documentation to show either upfront tuition assistance or tuition deferral payment on behalf of employee(s) and agrees to provide said documentation to fully cooperate in all auditing and or monitoring applicable to this Agreement. \_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

Employee First and Last Name: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

Training Institution/School: Click or tap here to enter text.

Training Program: Click or tap here to enter text.

Training Program Cost: Click or tap here to enter text.

Employer Tuition Assistance Amount: Click or tap here to enter text.

Trainee Name: I, Click or tap here to enter text., give permission to my employer and CareerSource Brevard to implement this agreement on my behalf, for the purpose of receiving a tuition match of up to $500 for the tuition assistance benefit administered by my employer. Employee Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3. Training Provider Information:**

Employee’s School: Click or tap here to enter text.

Address of School: Click or tap here to enter text.

Contact name/number: Click or tap here to enter text.

Website: Click or tap here to enter text.

Training Class(es) Information: Click or tap here to enter text.

Start/End dates: Click or tap here to enter text.

Total Tuition Cost: $ Click or tap here to enter text.

**SECTION 3. Signature Authorization:**

The following individuals, by affixing their signatures below, agree to the terms of this Agreement and hereby attest that they are duly authorized representatives and have financial authority to commit to this Agreement.

Contracting Company Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.

Print Name: Click or tap here to enter text.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brevard Workforce Development Board, Inc. d/b/a CareerSource Brevard

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.

Print Name: Click or tap here to enter text.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_