



## Healthcare Employee Upfront Tuition Match Program 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](#), 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 and agreement below to receive the tuition match for up to two employees, not to exceed \$500 per employee. Employers must complete one application per employee.

*All applications will be reviewed by a committee and submission of this application does not guarantee funding. Final award determinations will be based on funding available. All applicants will be notified within (3) business days of receipt.*



## Healthcare Employee Upfront Tuition Match Application & Agreement

Section 1: Employer Information			
Employer Name:		Employer Federal ID Number:	
Street/Mailing Address:			
City:		Zip:	County: Brevard
Primary Contact Name:		Title:	Phone Number:
Email Address:		Website Address:	
Signatory Authority Name and Title:			
Section 2: Employee / Trainee Information			
Employee Name (First, Last):		Position Title:	
Section 3: Training Provider Information			
Name of Training Provider:		Training Provider Address:	
Contact Name:	Phone Number:	Website Address:	
Training Program / Course:		Start Date & End Date:	Student ID #:
Total Cost of Tuition:	Employer Upfront Tuition Payment Amount:	Requested Match Amount:	
Section 4: Certification and Authorization			
<p><b>By signature below, Employee hereby affirms:</b>            I, _____, 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.</p>			
_____ Signature	_____ Print Name	_____ Date	
<p><b>By signature below, Employer hereby affirms:</b>            The Employee listed above has the documented right to work in the United States of America. Furthermore, Employer has, on-file, acceptable documentation used to establish identity, age, and employment eligibility for the named individual. Employer has, on-file, acceptable documentation to show either upfront tuition assistance or tuition deferral payment on behalf of employee and agrees to provide said documentation to fully cooperate in auditing and/or monitoring applicable to this Agreement.</p>			
_____ Signature	_____ Print Name	_____ Date	
<p><b>Brevard Workforce Development Board, Inc. d/b/a CareerSource Brevard:</b></p>			
_____ Signature	_____ Print Name	_____ Date	
BWDB Internal Use Only			
Date Received:	Reviewed By:	Determined Funding Award:	