



# LIGHTHOUSE *for the* BLIND

## SAINT LOUIS

### Professional Career Development University Tuition Reimbursement Application

*I understand that applying for tuition reimbursement indicates that I will seek full-time employment as a TVI, O&M, or VRT upon graduation.* Yes ☐ No ☐

#### Personal Data

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Educational Background

List any undergraduate school (s) you have attended.

Name of Institution: \_\_\_\_\_

State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ mo/yr To: \_\_\_\_\_ (mo/yr)

Degree or Certificate Received: \_\_\_\_\_ (type & date)

Name of Institution: \_\_\_\_\_

State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ mo/yr To: \_\_\_\_\_ (mo/yr)

Degree or Certificate Received: \_\_\_\_\_ (type & date)

List any graduate or post-graduate school you have attended.

Name of Institution: \_\_\_\_\_

State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr)

Degree or Certificate Received: \_\_\_\_\_ (type & date)

**I am requesting reimbursement for the following:**

Educational Institution attending: \_\_\_\_\_

State: \_\_\_\_\_

Term: \_\_\_\_\_ (fall, spring, summer) Year: \_\_\_\_\_

Major: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Total Credit Hours: \_\_\_\_\_

Degree/Certificate Sought: \_\_\_\_\_ Date Degree Expected: \_\_\_\_\_

Will you be living on campus? ☐ Yes ☐ No

**Professional Experience**

(List last two places of employment beginning with the current or most recent employer)

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

**Provide the requested dollar amount for:**

Tuition \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

On-Campus Room and Board \$ \_\_\_\_\_

**\* LHB will not reimburse students for prior expenses. This includes classes already completed or currently in process.**

**Please include a short essay detailing the following:**

1. Why you have chosen the field or course of study you are pursuing
2. The population you wish to work with (children, adults, or elderly persons)

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

Please email the completed application to **Angie Yorke** at [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com)

**Tuition Reimbursement Program Guidelines:**

- Must be specializing in the field of service to persons who are blind or visually impaired (O&M, TVI, VRT, Paraprofessional,)
- Applicants must be entering their senior year in an undergraduate program, OR a graduate-student OR a paraprofessional that is currently employed and working in the field.
- Must be a U.S. citizen
- Must live and work in Missouri or the Illinois counties of Calhoun, St. Clair, Monroe, Madison or Jersey
- **Must attend an accredited university and program**
- Must have passing grades for reimbursement
- Reimbursement will be available for tuition, books, and on- campus room & board per semester
- Maximum reimbursement amount of \$3000 annually
- Applicants can re-apply each semester
- Applicants will be accepted on a first-come-first-serve basis
- Must apply and be accepted for reimbursement before classes begin
- LHB will not reimburse students for prior expenses. This includes classes already completed or currently in process of completing.
- Will not accept applicants who have access to DESE-funded scholarships.