

**City of Cavalier  
Tuition Assistance Application**



Scholarship application

Tuition reimbursement program

Have you submitted an application with ND Career Builders?      Yes      No

Date of application:

First name:      Middle initial:      Last name:

Applicant email:

Date of birth:      Phone:

Physical address:

City:      State:      Zip code:

Mailing address:

City:      State:      Zip code:

Institution:

Field of study:

Employer:

I (the applicant) confirm that I am 18 years of age or over.

I (the applicant) confirm that I am under 18 years of age.

If under the age of 18, fill out parent/guardian information below.

Parent/guardian full name:

Parent/guardian email:

Signature of parent/guardian:      Date:

I understand the terms of the scholarship/tuition reimbursement program and my obligation as a recipient. I understand that if I am accepted into the program, I will be required to sign an award agreement which will be legally binding. I understand that I must return the funds paid on my behalf if I fail to meet the terms of the award agreement.

Signature of applicant:      Date: