

California Hospital School of Nursing Alumni Association
 Application for Tuition Reimbursement (please print clearly)

1. Name _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Phone number _(____) _____ email _____
5. Year graduated from CHSN _____
5. Member CHSNAA? Active Membership \$15 Associate Membership \$10
 May enclose membership dues if not current. Contact CHSNAA Secretary for dues verification.
6. List positions held in nursing in the last 3 years:

Nursing Discipline	Position Held	Employer	City	Years

7. Identify course taken for which you are seeking tuition reimbursement.

Course Title	Agency Offering	Units/Hours	Date(s) of Class	Cost of Class

8. Describe the gains this course has provided and how it is helping you deliver quality care.

9. Please submit a copy of your invoice/payment for tuition reimbursement. Tuition reimbursement is available up to a maximum of \$500 per application.

Submit all materials to CHSNAA, PO Box 88585, Los Angeles, CA 90009