

**COMMUNITY SUPPORT SERVICES of MISSOURI  
Tuition Reimbursement Request Form**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School/University

\_\_\_\_\_  
Current Cumulative GPA

\_\_\_\_\_  
Current Semester GPA

\_\_\_\_\_  
Semester (Spring, Summer, Fall)

\_\_\_\_\_  
Student Status at beginning of semester (i.e., Sophomore, Junior, Senior)

\_\_\_\_\_  
Declared Major

\_\_\_\_\_  
Credit hours to date

\_\_\_\_\_  
Length of employment @ CSS

\_\_\_\_\_  
Hours per week worked (minimum)

\_\_\_\_\_  
Total Tuition for current semester

\_\_\_\_\_  
Amount Requested (\$500 max.)

How will the CSS tuition reimbursement program help you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_