



ASPAA Tuition Reimbursement Application

Contact Information

Name	
Position	
District	
Street Address	
City/State/Zip Code	
Office Phone	
Cell Phone	
E-Mail Address	

I am applying for Tuition Reimbursement for the following:

Course/Conference/Test	
Start and End Dates	
Location	
Sponsoring Institution	
Estimated Registration Cost	

Agreement and Signature

I understand that I must expend personal funds for registration fees in order to receive reimbursement from ASPAA and that the maximum amount available annually for this purpose per member is \$250.00

Name (printed)	
Signature	
Date	

Other Information

Please fax this application form to ASPAA Past President at 602-449-2194.