



## TUITION REIMBURSEMENT

The Arizona Food and Drug Industry Education Foundation was established solely and exclusively to support and encourage education, training and instruction for AFMA member company employees and their dependents.

- We provide assistance for the education of individuals who are actively employed by an AFMA member company and committed to a career in the Arizona retail food industry.
- Funds appropriated through the Tuition Reimbursement program can be used to attend an accredited community college, college or university located in the state of Arizona.
- Tuition Reimbursements are awarded based on fundraising levels from the prior year and may be used to cover the expense of tuition, fees and textbooks.

### Eligibility

- All current employees of AFMA member companies are eligible to apply for Tuition Reimbursement.
- The employee must have at least one year of experience in the retail food industry and reside in the state of Arizona.

### Requirements

- Scholarships are available to individuals who:
  - Plan to pursue a career in the retail food industry
  - Carry a minimum of 3 credit hours

### Review Criteria

- Tuition Reimbursement will be awarded upon the decision of the Review Committee.
- The Committee's decision will be based on:
  - ✓ Retail food industry occupational goals and work experience
  - ✓ Academic achievement
  - ✓ Financial need
  - ✓ Timely submission of required documentation
- Applicants may not apply for both tuition reimbursement and a scholarship in the same calendar year.*

### Application

- Applications must be received in the Foundation office with completed documentation to be considered.
- A written recommendation from the applicant's supervisor (preferably on company letterhead) must be attached to the application. \*\*We only require a letter of recommendation to be submitted once every school year.
- To submit applications:
  - Mail or hand deliver to the office of the Foundation: c/o AFMA, 120 E. Pierce St., Phoenix, AZ 85004 or
  - Email to [Education@afmaaz.org](mailto:Education@afmaaz.org)

Applicants may apply for a maximum of 6 credit hours each semester with a ceiling of \$1,200 in a school year.

Applicants must apply prior to the beginning of each semester for approval. Applicants will be contacted with the decision of the review committee.

Incomplete applications will not be considered.

### Payments

- Upon completion of the class, the student must provide proof of a "C" grade, or better. Email final grade(s) to [Education@afmaaz.org](mailto:Education@afmaaz.org). An unofficial transcript will suffice but must include the name of the institution, student name, student ID, course name, course number and final grade.
- Once the final grade(s) have been received, the student will receive a check by mail.



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Read the Tuition Reimbursement description thoroughly before completing this application. All information provided will be accessible only by the Review Committee. The decisions of the Review Committee are final.

**Application Instructions:** Print or type accurately, legibly and completely. You must complete an application for each semester and **submit prior to the beginning of the semester for approval**. Please use additional paper, if needed, to answer the question portion.

**Procedures to follow:** Attach a letter of recommendation from your supervisor (preferably on company letterhead) and mail or hand-deliver application to: AFMA office located at: 120 East Pierce Street, Phoenix, AZ 85004 or email to [Education@afmaaz.org](mailto:Education@afmaaz.org). You must provide proof of a "C" or better grade at the conclusion of your class(es) to receive payment.

Name in full: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or Box #) (City) (State) (Zip)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**1. LIST YOUR CURRENT AND PAST WORK EXPERIENCES:**

<i>Employer</i>	<i>Position</i>	<i>City</i>	<i>Dates of Employment (From – To or Current)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. NAME OF INSTITUTION YOU PLAN TO ATTEND:** \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

SEMESTER YOU WILL BE ATTENDING CLASSES (check one):  FALL 2024  SPRING 2025  SUMMER 2025

**3:**

COURSE TITLE: \_\_\_\_\_ COURSE #: \_\_\_\_\_

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**4. HOW WILL THIS COURSE OF STUDY ASSIST YOU IN YOUR CURRENT WORK ENVIRONMENT?**

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

**5. EXPLAIN YOUR EDUCATIONAL GOALS AND THEIR RELEVANCE TO THE RETAIL FOOD INDUSTRY:**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_