Forward All Copies 675 West Peacht Suite 26T30 Atlanta, GA 303 A. Employee Information	tree Street 375	Corre	bursement ected Copy				Prograr (All Shaded Al	nth Educa n Applica reas To Be Comp	ation oleted By Educ	ational Assist	ance Office)	RF-1806 (02-2004)
Name (Last)	(First)	(MI	iddle I) Social Security Number		3	NCS Date ☐ Regular Full Time ☐ Regular Part Time (☐ Job Bank ☐ Bank Entry Date (MM/DD/YYY)				Hrs. Worked/Week)		
Title Company		UI			JID (Required)		☐ Sabbatical Lea		te Leave Began)	-		
Department		(Area Code)	Work Tel.	Room Numbe	Address:	(If Job Bank, Sabi	patical or Transition	nal, Give Home addre	ss & Tel. No.	City	St	ate Zip Code
B. Course/Degree Information School Name & Campus Location School Code Location (City and State)												
Have you applied for Is this course part of a certi Is this course part of a degr	ificate program?		s scholarship □ Yes □ No □ Yes □ No		s", check type			ancial assistance ☐ Master ☐ D		ans?	and s	MUST complete ign the 2nd page s form.
Course Name			School Course No Co		egin Date	Ending Date	(A) Tuition (Less Discount	Fees	(B) Amount	(C) Financial Aid Per Course	Total Tuition (Less Financial Aid) (A + B - C)	Plan Allowance
A.						(MIMODITITY)	(Less Discount	1960	(b) Amount	Ald Per Course	(A+B-C)	
В.			110									
C.												
C. Job Related In			Homo	Supp	ies and/o	r Books				1	J	
(Check Only One For	Each Course	Listed in Sec	ction B)				s may list Boo					
Present Job In BellSouth	□ A	□В	□ c		Job Bank	Employees m	ay list Supplie	s and Books			Amount	
Future Job In BellSouth	□ A	□В	□ c	_ A							-	
Employment External to Be	IlSouth A	□В	□с	В							_	
Non-Employment/Personal	Development A	□В	□ c								Total ⇒	
D. Certification By signing this applica discounts, class scheo that If I drop/do not o from participating in provide Educational for future courses unti Employee Signature (Original Emplo	dules, etc. I he complete this this program Assistance e I completion in inal Signature Re	ereby certify course and of or a term vidence of soft formation is	that all items, a BellSouth is r of six months successfully c provided. I und	amounts and required to from the da ompleting t derstand tha	explanation pay the scite BellSouthe course the BellSouth	ns herein listed hool, I may be th is notified within 60 day	d or attached are required to mathe course has s following co	e true and correct take payment to s been dropped. urse ending date	and course(s) BellSouth for I further unde	will be taken du those costs. A rstand that it i	uring after-hours st Also, I may be pro is my responsibili	udy. I understand hibited ty to
E. Approval (This Section For Educational Assistance Use Only.) Educational Assistance Representative						Date	Date					

For Detailed Information On the Educational Plan, Please Contact the Educational Assistance Office:

FL, GA, NC, SC Contact
AL, KY, LA, MS, TN Contact
In Atlanta, Contact
In Miami, Contact
In Virginia, Contact
In Washington DC, Contact

888-507-2287
888-507-2287
1-404-320-2101
1-404-320-2101

BellSouth Educational Assistance Program Application

Financial Aid

BellSouth Policy requires all financial assistance such as scholarships, grants, military assistance, discounts, or any other than loans, to be reported. Financial aid is deducted from the tuition charged by the school prior to calculating the benefit amount to which you are entitled under the Educational Assistance Plan. BellSouth encourages and expects employees to investigate the availability of financial aid, to apply for such aid when it is available. If financial aid is received, either by the school or by the student directly, the amount of such aid <u>MUST</u> be reported on this application. If the amount is not known at the time this application is submitted, the employee <u>MUST</u> reimburse BellSouth for the aid that is later received, by either:

- 1) Sending a personal check in the amount of the financial assistance, payable to BellSouth, to the address of the Educational Assistance Office, or
- 2) Only in cases where the employee will be attending class during the next school term, by declaring that the financial assistance will be reported on the next application, and reporting it thereafter on that application. Should the employee for some reason not attend school during next session, then reimbursement should be made by check in accordance with paragraph 1.

If financial assistance has been requested by the employee, the following statement must be signed before this application can be processed.

I understand the above procedures regarding financial aid and acknowledge that it is my responsibility to report all financial assistance that I receive, whether such assistance is paid directly to me or to the school, to the BellSouth Educational Assistance Office. I also understand that my failure to report financial aid in accordance with these procedures could result in my dismissal.

Employee Signature	Date

NOTE: Failure to complete the entire Educational Assistance Application form may delay approval and possibly warrant application being disapproved.

Each Form (RF-1806) Will Be Reviewed Individually As It Relates To An Employee's Particular Needs. The Final Determination Will Be Based On The Decision Of The Educational Assistance Administrator.