

# PMI-NH Educational Reimbursement Program Application

I, \_\_\_\_\_, a member in good standing of the PMI, New Hampshire Chapter, hereby request consideration for the PMI-NH Tuition Reimbursement Program.

PMI Number: \_\_\_\_\_

I successfully completed \_\_\_\_\_ on \_\_\_\_\_

I am applying for reimbursement of the costs incurred and understand that said reimbursement may be prorated based on the total amount of reimbursement requested by all applicants and the funding available during the award period.

Course Completed	Application Deadline	Funds Awarded
Jan 1 – Mar 31	April 30	May 15
Apr 1 – Jun 30	July 31	August 15
Jul 1 - Sep 30	October 30	November 15
Oct 1 – Dec 31	January 31	February 15

### Reimbursement Requested

Item	Amount
Cost of the course or program	
Cost of required materials used in the course or program	
Cost of PMI certification exams if applicable	
Other (Description)	
Subtotal	
Less Employer reimbursement (if any)	
<b>Amount Requested</b>	

Note: Travel expenses are excluded. Amount requested must be at least \$200.

Attach proof of course completion and receipts for all items above

Please notify me at: \_\_\_\_\_

Payment Mailing Address: \_\_\_\_\_

By submitting this application, I am certifying that all information provided is accurate to the best of my knowledge as of the date indicated.

Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

#### Board of Directors Use Only

Date Received \_\_\_\_\_

Recommendation to Board \_\_\_\_\_

Board Approval \_\_\_\_\_

Applicant Notified \_\_\_\_\_