R-WC Alumni Association Tuition Reimbursement Application

(Please PRINT legibly)

Riverside-White Cross Graduate

First Maiden Last Name Year of Grad

Address City State Zip

Tuition Reimbursement Applicant

Name Relationship to Graduate

Address City State Zip

College / University Attended

Name of School Major / Class Attended

Address City State Zip

Itemized Class Expenses (Tuition, Books, Lab Fees) Final Grade

How will this class contribute to your advancement in Nursing?

Mail completed form with copies of grade transcript and expense receipts to:
Doris Rarick Greene Weate, Treasurer, 4266 Maize Road, Columbus, Ohio 43224

For Office Use Only

Approved / Declined Amount Paid Signature Date