

**Grand Valley State University**  
**Purl Cobb Memorial Training Fund**

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Educational Assistance Request

**Employee Name:** \_\_\_\_\_

**Request Date:** \_\_\_\_\_

**Course/Training Desired**

Course Name: \_\_\_\_\_

Location: \_\_\_\_\_

Course Content: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

**Costs of Training**

**(Original Receipts & Proof of Completion must be attached)**

Tuition: \_\_\_\_\_

Fees: \_\_\_\_\_

Course Materials: \_\_\_\_\_

**Total Requested:** \_\_\_\_\_

**Explain what arrangements you have made with your supervisor regarding the absence from work, if course is scheduled during your working hours:**

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**Explain how this training will benefit you (as an employee and in your personal life):**

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please do not write below this line**

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Committee Member Approval/Denial: \_\_\_\_\_

Committee Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Committee Action: Amount to be Reimbursed: \_\_\_\_\_ Transaction Number: \_\_\_\_\_