

# RETAIL MANAGEMENT CERTIFICATE TUITION REIMBURSEMENT APPLICATION



**Applicant Information: (Please Print Clearly)**

Name : \_\_\_\_\_  
                     First                                    Middle                                    Last

Home Address: \_\_\_\_\_  
                                     Number/Street                                    City                                    State                                    Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Eligibility / Work History:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time with Employer: \_\_\_\_\_ How many hours per week do you work?     16-20     greater than 20

**Course Information**

Full Title of Approved Retail Management Certificate Course Number: \_\_\_\_\_

College/Provider: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full-time student       Part-time student

Tuition fee \$ \_\_\_\_\_ (Toward tuition and/or textbooks)

1. Tennessee Grocers Education Foundation (the foundation) will reimburse employees up to \$200 per term. Employees are limited to a maximum annual reimbursement of \$600.
2. The Employee must complete this course with a grade of C or higher. The Employee must pay for the course with personal funds or student loans. **To request reimbursement, submit this completed application, a tuition receipt and grade transcript.**
3. Complete applications must be received by TGEF **within two months from the end date of the course.** No exceptions allowed.
4. Employer must be a current member of the Tennessee Grocers and Convenience Store Association. Employee must work a minimum of 16 hours per week and must be continuously employed with the qualifying company for 6 months.
5. Tuition reimbursement is on a “first come, first serve” basis. It is possible that funds for this program may be depleted by the time this application is processed. All applications will be evaluated by the Approval Committee in the order in which they are received. Approval is granted without regard to race, religion age, gender, disability, national origin, sexual orientation, or other protected status. The TGEF Board of Trustees and the Approval Committee have the sole discretion to deny any application and reserve the right to limit the amount of funding to any one company for individual based on aggregate usage or available funds.

**By signing, I acknowledge that I have taken this course voluntarily and paid for it with personal funds or student loans.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow 3-7 weeks for processing. Checks will be mailed to your home address.**

Mail to: Tennessee Grocers Education Foundation  
 1838 Elm Hill Pike, Suite 136  
 Nashville, TN 37210

Questions:

Contact Jennifer Kemp  
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 Email: [jkemp@tngrocer.org](mailto:jkemp@tngrocer.org)  
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