



**Consolidated Nuclear Security-Pantex
Application for Educational Assistance**
(Reference E-PROC-0009)

Name: _____ Badge: _____ Mail Stop: _____

Current Job Title: _____ Educational Institution: _____

Degree Sought: _____ Current Semester: _____

Course Enrollment and Estimated Costs:

Course Name	Course No.	Tuition	Books	Lab Fee	Other Fees	Total
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
Estimated Total						\$

NOTE: If courses are degree-based, current degree plan must be attached or be on file with the Educational Assistance Administrator.

Eligibility: (Check one)

- Course(s) are related to the employee’s current position, to another position within the Contractor’s organization to which the employee may reasonably be moved, or part of a degree program with a direct relationship to the employee’s career path.
- Student Pre-hire Program: Course(s) are related to a degree program required as a condition of my employment. Student Pre-hires are governed by the limits and agreement in the Educational Assistance Employment Commitment, PX-5616.

Acknowledgement:

I **will** **will not (check one)** need to use a Consolidated Nuclear Security, LLC (CNS) computer system for school work. I understand that my use of a CNS computer system for school work will be done on my own time outside of working hours and only for the course(s) or degree listed above.

I understand that reimbursement requests (with approved application, receipts and grades) must be submitted to EA Auditor within 60 days of course completion, or employment start date for Student Pre-hires, to be considered. I understand that all costs must comply with E-PROC-0009 to be eligible for reimbursement.

I understand and agree that Eligibility, Qualified Courses of Study, Reimbursement Limits, Application and Approval, and all other EA-related decisions are subject to the current CNS Education Assistance Procedure.

I am aware that any financial assistance derived from participation in this program is voluntary, and I do not hold CNS liable for any reimbursement other than the stipulated refund. In connection with the Educational Assistance, I expressly authorize CNS to deduct from my current or future wages any tax withholding or repayment obligation to CNS and any overpayment of money to me by CNS as a result of clerical or administrative error, or otherwise.

