



Superhero Take Flight Program Form

EMPLOYEE AND DEGREE PROGRAM INFORMATION

Employee Name			Job Title
Work Location	Date of Hire	Department	College Campus Name
Campus Address and Phone Number		Major/Degree Program	Class day(s) & Time(s) (e.g., T & Th 1:30-2:45 p.m.)

COURSE #	CREDITS	COURSE NAME	TUITION
1			\$
2			\$
3			\$

CHECK APPLICABLE SEMESTER (COMPLETE ONLY ONE)				START DATE	END DATE
FALL	WINTER	SPRING	SUMMER	MM / DD / YY	MM / DD / YY

PROGRAM PARTICIPATION SIGNATURES

APPLICANT:

My signature below certifies that the information provided is accurate and I have read and understand the Superhero Take Flight Program conditions and requirements. I understand that (1) Master Electronics will **reimburse** for tuition expenses with a maximum of \$4,000 per calendar year, upon successful completion of the program eligibility requirements; (2) Other special equipment, books and fees will be paid by me and not by the company; and (3) I must maintain a minimum of a 2.0 GPA/C Grade. We will pay the tuition invoice within 14 days after the People Team has received Superhero Take Flight Program Form and a copy of your enrollment information from the school you are attending. I understand this program is tuition at a college or university vs. professional development classes and programs. I have visited with my manager/supervisor to discuss my goals and to provide updates on how my learning and development program plan is progressing. I believe this educational endeavor will empower and encourage me to learn new skills, experiences that will align with my future goals and allow me to use my collective superpowers to do significant good at work and in the communities in which I live and work. I am ready to take flight.

Applicant's Signature _____ Date _____