

**CARRIE M. HALL FUND**  
**of the**  
**Alumni Association Peter Bent Brigham School of Nursing, Inc**

**Application for Tuition Reimbursement**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Yr of PBB Grad: \_\_\_\_\_ States & Registration No: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_ Cost: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_ Cost: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_ Cost: \_\_\_\_\_

College/University: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Signature: \_\_\_\_\_

Note:\* To be eligible for tuition reimbursement, you must be an Ongoing dues paying member of the PBB SON Alumni Association. Delinquent dues may be paid retroactively. You may refer any questions About your dues status to Joan Seiberth, Assistant Treasurer.  
\*Reimbursement money is awarded depending on the availability of funds  
\*A maximum of \$3000.00 (three thousand) per member may be requested. Awards will be granted on proof of passing grade for the course(s) and Evidence of full dues payment.  
\*Application should be submitted within one year of completion of Examination.

Please Submit the Following:

- Completed Application Form
- Copy of cancelled check as proof of certification payment
- Copy of certification affidavit

Send to: Joan Seiberth, Ass't Treasurer  
44 Maidstone Drive  
Merrimack NH 03054

**Do Not Write Below This Line**  
**Action By Officers and Board of Directors**

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Approved: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

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