

BMBA Member Support Financial Reimbursement Application 2015

Dear Business and Applicant:

The Berks-Mont Business Association is committed to the growth and development of our local business members. As part of your membership, you are eligible for financial reimbursement to assist in sending an employee of your business for professional development. Through fundraisers held by the BMBA, we are able to provide financial reimbursements on an equal opportunity basis regardless of race, sex, creed, or religious preference.

The Berks-Mont Business Association Support Financial Reimbursement is available to employees of businesses that hold valid memberships with the BMBA. The professional development must be in a field that will benefit the supporting business. Reimbursement amounts will be determined before the scholarship application period begins and is dependent upon the fiscal state of BMBA (the amount for 2015 is one \$750 reimbursement). Reimbursement should be applied toward tuition and materials. Checks will be made payable to the supporting business and will not be released unless proof of a passing grade is provided (or proof of completion of course, if it is a course that is not graded). Receipt of payment with exact amount of course must be submitted.

Individuals applying for a reimbursement must submit an entire application packet including the following forms:

- Supporting Business Form with Signature Page
- Individual Essay Page with Signature Page

We will commence accepting application packets on February 15th and all application packets must be postmarked no later than June 15, 2014. Facsimiles and incomplete packets will not be accepted.

Applications can be mailed to:

BMBA Member Support Financial Reimbursement
Lindsey Riegner, Director
Boyertown Community Library
29 E Philadelphia Avenue
Boyertown, PA 19512

Recipients will be chosen by the BMBA Financial Reimbursement Committee. Notification will be made by phone call on July 15th, 2014. The recipient(s) and their supporting business will be expected to attend the August BMBA meeting (August 5, 2014 at 7:30 am at the Friendship Hook and Ladder Building) to accept their award. Any questions, please contact Lindsey Riegner at boyertowncl@berks.lib.pa.us or David Wallace at david@epenergysolutions.com.

Eligibility Requirements:

- Individual must be 18 years of age
- Supporting business must be a valid member of BMBA
- Reimbursement money must be used for professional development in the field of that business
- Student must receive proof a passing grade or completion of the course (in the event that the course is not graded) for which the reimbursement money paid

Berks-Mont Business Association (BMBA) Support Financial Reimbursement Application
Employer Form

Contact Name _____ Title _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone Number _____ Fax _____

Business E-mail _____

Is Your Business a Member of BMBA? Yes No

Position of employee applying for reimbursement _____

Please explain the type of schooling/professional development the employee would be attending:

If you and your employee received this reimbursement, how would it benefit your business?

I, _____ (print business contact person) have read and understand the conditions of the BMBA Support Financial Reimbursement Award as explained in the business and applicant letter. I affirm that I plan to send the applying employee to pursue professional development in a field that relates to my business. I understand that this application will be available only to qualified people who are eligible in the course of their duties. If selected as a reimbursement recipient, I agree to attend the August BMBA breakfast meeting. I give permission to members of BMBA to use business images, pictures or statements to publicize the scholarship fund. I affirm that all of this application is my own work or the work of the employee. I affirm the information contained herein is true and accurate to the best of my knowledge and belief. I also affirm that I am able to sign on behalf of the supporting business.

Business Contact Person Signature _____

Berks-Mont Business Association (BMBA) Support Financial Incentive Application
Employee Form

Name _____ Title _____

E-mail _____ Phone Number _____

Where do you see yourself in ten years?

How will this course contribute to your immediate or long-term career plans?

How will this course contribute to your employers' business goals?

I, _____ (print employee's name) have read and understand the conditions of the BMBA Support Financial Reimbursement Award as explained in the business and applicant letter. I affirm that I plan to pursue professional development in a field that relates to my business. I understand that this application will be available only to qualified people who are eligible in the course of their duties. If selected as a reimbursement recipient, I agree to attend the August BMBA breakfast meeting. I give permission to members of BMBA to use business images, pictures or statements to publicize the scholarship fund. I affirm that all of this application is my own work or the work of the employer. I affirm the information contained herein is true and accurate to the best of my knowledge and belief. I also affirm that I am able to sign on behalf of the employee (self).

Employee Signature _____