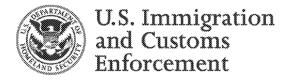
U.S. Department of Homeland Security 800 K Street, NW Suite 201 Washington, DC 20536



TUITION ASSISTANCE PROGRAM

APPLICATION PACKAGE COVER AND INSTRUCTIONS

TO: Tuition Assistance Program

ICE Office of Training and Development

FROM: Applicant Name

Applicant Phone Applicant Fax

DATE:

Attached is my Tuition Assistance Program (TAP) application package. I have provided complete and accurate forms and documentation in accordance with the TAP Policy and Instructions. This application has been submitted two weeks prior to the start date of the course (s).

Required Information:

A completed SF-182, Request, Authorization, Agreement and Certification of Training (Revised
<i>December 2006 version)</i> , with all appropriate signatures, for each course. Leave section E blank for OTD approval.
A separate TAP Application Form, including Justification Page, completed fully for each course
A copy of the course description and schedule of fees
Estimates of other anticipated course related costs (e.g., books)
If applicable, a copy of the receipt from the school confirming the amount and type of assistance provided (e.g. grant, loan, or scholarship)

Instructions

An employee must complete and submit to the Office of Training and Development a complete and separate application package for each course. A complete package consists of the following:

- 1. **The SF-182,** Sections A, B, C (item 1), and D (to include 1st and 2nd line supervisory approval) must be completed. Leave section E blank for OTD approval. **The revised December 2006 version must be used.** All previous editions are not usable.
- 2. TAP Application Form, The form, including the Justification Page, must be fully completed

Tuition Assistance Program (TAP) Application Form

INSTRUCTIONS: Your application must be received by the Office of Training and Development (OTD) two weeks prior to the start date of the requested course(s). Upon completion of the course(s), submit proof of payment, receipts, statement of account, and your certificate of completion or class grade to the OTD at 800 K Street, NW., Suite 201, Washington, DC 20536, ATTN: TAP Reimbursement. For further details, please refer to the TAP Standard Operating Procedures.

Employee Information:								
Name:			***************************************	SSI	N#:			
(Last)	(First)		(Middle In	<i>'</i>				
Home Address:	Ci	ity		State	Zip Code			
Home Phone: ()		Date	Date of Birth (MM/DD/YYYY):					
Employment Information: (Providence of the Information)	le information about	your current em	ployment stati	us.)				
Position Title:	Position Series:		CE EOD ate:	Mos. o	of ICE Federal			
Office Name:		Acronym:		Office Phone: _				
Supervisor Name:								
College/Course Information:								
Name of Institution:				Code (If App	plicable):			
Callaga Adduses								
Course Title:					End Date:			
Tuition Cost:	Book Cost: Includes related materia		TOTAL Am	ount Requested: \$2000 in FY2009	\$			
NOTE: Pursuant to the Office of Personnel Management Training Policy, 38 U.S.C. 3681 (1997), veterans' educational assistance cannot be used to pay for training when an employee is attending training paid for under training law to ensure that multiple payment is not made for the same training activity.								
Certification:								
I certify that I meet all TAP requirement attachments to it, or documentation subbelief and are made in good faith. I un imprisonment or both.	mitted in connection	n to it, are true,	complete, and	d correct to the	best of my knowledge and			
Title 18 U.S.C. 1001, provides that kno to \$10,000 or five years imprisonment,		concealing a r	material fact is	s a felony, whic	th may result in fines of up			
Signature				Date				
	OT	D USE ONLY						
Obligation Number:	OTD Tracking	g Number:		Approv	ed: Denied:			
Date Reimbursement Submitted to Finar	nce:		Amoun	nt of Reimbursen	nent:			
Signature of Director, OTD:								

Page 1 12/28/2005

ICE Tuition Assistance Program (TAP) Justification Page

Describe how this course will enhance your current job skills and career development in support of the ICE mission. Attach separate sheet, if necessary. (Description must be completed and cannot include the completion of a college degree program.)						
xdsf						
Employee Name:	Program (OI, DRO, FPS, etc.):					
Employee Signature:	Date:					
Supervisor Name:						
Supervisor Approval:	Date:					

Page 2 12/28/2005

- 3. **Course description and schedule of fees,** A course description and schedule of fees obtained from the university must be provided
- 4. **Course related costs,** Estimates of all course related costs you wish to claim must be provided (e.g. books)
- 5. **Additional assistance**, Receipts for any additional financial assistance received from the school (e.g., grant, loan, or scholarship) must be provided

Application submission, Employees must mail completed TAP Application packages to the Office of Training and Development. Facsimile transmittals will be accepted in accordance with the two-week cutoff; however, the **original signed TAP Application Package must be mailed**.

Mail:	Fax:
ICE Office of Training and Development	202-732 (b)(7)(E)
(b)(7)(E)	C
Washington, DC 20536	E-mail:
Attn: Tuition Assistance Program	(b)(7)(E) @dhs.gov