



U.S. Immigration and Customs Enforcement

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 December 2006 version)*, 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: _____ SSN#: _____
(Last) (First) (Middle Initial)
Home Address: _____ City _____ State _____ Zip Code _____
Home Phone: () _____ Date of Birth (MM/DD/YYYY): _____

Employment Information: (Provide information about your current employment status.)

Position Title: _____ Position Series: _____ ICE EOD _____ Mos. of ICE Federal
Date: _____ Serv.: _____
Office Name: _____ Acronym: _____ Office Phone: _____
Supervisor Name: _____ Supervisor Phone: () _____

College/Course Information:

Name of Institution: _____ Code (If Applicable): _____
College Address: _____
Course Title: _____ Start Date: _____ End Date: _____
Tuition Cost: _____ Book Cost: _____ TOTAL Amount Requested: \$ _____
(Includes registration and related fees) (Includes related material) (Not to exceed \$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 requirements and that all information on the form is correct. My statements on this form and any attachments to it, or documentation submitted in connection to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form is punishable by fine or imprisonment or both.

Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony, which may result in fines of up to \$10,000 or five years imprisonment, or both.

Signature _____ Date _____

OTD USE ONLY

Obligation Number: _____ OTD Tracking Number: _____ Approved: Denied:
Date Reimbursement Submitted to Finance: _____ Amount of Reimbursement: _____
Signature of Director, OTD: _____ Date: _____

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: _____

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 cut-off; however, the **original signed TAP Application Package must be mailed**.

Mail:

ICE Office of Training and Development

(b)(7)(E)

Washington, DC 20536

Attn: Tuition Assistance Program

Fax:

202-732-(b)(7)(E)

E-mail:

(b)(7)(E)@dhs.gov