



REBOOT TUITION ASSISTANCE APPLICATION

PROGRAM INFORMATION (Complete All Required Information)

Program Name		Program CIP
Program/Class Start Date	Program/Class End Date	
Length of Program (in weeks)	Credential Name	

STUDENT INFORMATION (ALL INFORMATION IS REQUIRED)

First Name		Last Name	
Unique Student School ID (RPCC Account)		SSN/Tax ID (Entire Number)	Date of Birth
		Race/Ethnicity	
Mailing Address			Parish of Residence
Phone		Email Address	

REBOOT ASSISTANCE AVAILABLE FOR ONE CERTIFICATION ONLY.

Return form to instructor or by email to Kathy Jones at kajones@rpcc.edu.