



Team member Student Debt Repayment Application

TEAM MEMBER INFORMATION

Name _____	Employee ID # _____
Date of Hire _____	Average Hours Worked per Week _____
Email _____	Cell phone _____
Job _____	Community _____
Have you received scholarship dollars from CLC in the last 3 years? _____	
If so, you are not eligible to obtain this benefit.	

Loan Information

Name of Debt Holder: _____	Amount of Debt _____
Amount of Monthly Payment: _____	Education Institution _____
Degree/Certificate Pursued _____	
Method of Loan Payment	

<input type="checkbox"/>	Check
<input type="checkbox"/>	Credit or Debit Card
<input type="checkbox"/>	E Bill Pay
<input type="checkbox"/>	Other

Team Member Acknowledgement

- I understand and agree that I must meet the eligibility requirements at all times in order to receive the monthly loan payment reimbursement.
- I understand and agree that each month I must submit proof of my student loan payment

to Amy Alarcon, Training and Onboarding Specialist in a timely manner in order to receive the monthly reimbursement benefit.

- I understand and agree that the debt assistance reimbursement will generally be paid once a month in \$100 increments in my paycheck.
- I understand and agree that the annual reimbursement dollars are taxable and are considered income.

Team Member Signature _____ **Date** _____

PRINT NAME _____