BRIGHTSPRING
HEALTH SERVICES

Application for Tuition Reimbursement

☐ New Application ☐ Renewal Application

Completion of this form is required to temporarily reserve funds for tuition reimbursement for the 2025 calendar year. If you are submitting a new application, you are required to submit a general course plan for your program of study and/or a career plan. If you will be seeking a degree, certificate, or license not related to your current position at BrightSpring, you must provide a letter detailing your goals at BrightSpring and how the program of study or license will further your career with the company. If you have submitted documentation within the past year, you will not be required to resubmit. Upon completion, email the application to:BrightSpringBenefits@BrightSpringHealth.com

Employee Name:	
Employee ID:	
Employee Location:	
Manager/Supervisor Name:	

Please provide information on all courses for which you will be requesting reimbursement for the current calendar year below (max $4,000.00/Calendar year). If the exact tuition amount is not available, please provide an estimate for funds to be reserved.

Course/s will apply towards (check one):	__Undergraduate	__Graduate	__Professional License	__Certification

University/Licensing Agency	Course Title	Start Date	End Date	Cost

Provide a brief description of the program:

Employee Signature/Date:	
Manager/Supervisor Name/Date:	

By signing, you certify that you have read and agree to the terms of the BrightSpring Tuition Reimbursement Policy. You acknowledge that BrightSpring has the right to make changes to or rescind the Tuition Reimbursement Policy at any time. **Within two (2) months of completion of the course you must submit a copy of your grade report or proof of licensure with a paid tuition receipt for final approval and reimbursement.** Failure to do so will result in forfeiture of funds reserved for the course based on this application.