



WESTLAKE CHEMICAL EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

SUBMISSION OF TUITION COSTS AND GRADES

NAME		DEPT.	<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARIED		LAST FOUR SSN
LOCATION		PHONE NO.	JOB TITLE		HIRE DATE
ARE YOU NOW RECEIVING OR ARE YOU ELIGIBLE TO RECEIVE EDUCATION BENEFITS (I.E. VETERANS ADMINISTRATION)? IF YES -- ATTACH EXPLANATION YES <input type="checkbox"/> NO <input type="checkbox"/>			AMOUNT OF BENEFIT RECEIVED /TO BE RECEIVED DURING THIS TERM:		
DEGREE(s) HELD		DEGREE PURSUED		MAJOR FIELD OF STUDY	
<input type="checkbox"/> QUARTER <input type="checkbox"/> SEMESTER	YEAR 20_____	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	CURRENT DEGREE PROGRAM BEGAN: MO/YR ____/____	EXPECTED DATE OF GRADUATION: MO/YR ____/____

NAME OF INSTITUTION

NAME OF COURSE	COURSE NUMBER	TUITION COST	FEES	BOOKS	OTHER*	TOTAL COSTS
						\$
						\$
						\$
						\$

STATE YOUR PURPOSE IN PURSUING THIS DEGREE PROGRAM OR TAKING THE ABOVE CLASSES:

***SPECIFY OTHER EXPENSES:**

By signing below, Employee acknowledges that Employee understands and agrees to the terms of the Westlake Educational Assistance Policy. Employee agrees that if Employee's employment is terminated (voluntarily or terminated for cause) within 18 months for undergraduate programs or 36 months for advanced or graduate programs of receipt of Educational Assistance, Employee will be required to repay the Company the full amount of the Educational Assistance within 30 days of the termination date. Employee hereby authorizes the Company, to the maximum extent of the law, to deduct any such amounts from any payments due to Employee, such as final paycheck, unused vacation pay, bonus or expense reimbursement.

EMPLOYEE'S SIGNATURE	PLANT MANAGER'S SIGNATURE
SUPERVISOR'S SIGNATURE	LOCAL HUMAN RESOURCES
MANAGER'S SIGNATURE	CORPORATE HUMAN RESOURCES

FINAL REIMBURSEMENT COSTS AND GRADES

TUITION:	FEES:	TEXTBOOKS:	OTHER:
TOTAL COSTS (ATTACH RECEIPTS):		FINAL COURSE GRADE (ATTACH REPORT):	

TOTAL SUBMITTED FOR REIMBURSEMENT (CORPORATE HUMAN RESOURCES ONLY)

TOTAL ELIGIBLE COSTS \$ _____	90%(MAX. \$5,250 PER CALENDAR YEAR) = \$ _____
REVIEWED BY	DATE