

# APPLICATION FOR REIMBURSEMENT NOVELL CERTIFICATION TESTING

Please fill out the following form completely. Your request will be reviewed by the WMNUG Certification Scholarship Committee and a determination will be made based on the information provided here. Please use the reverse side of this form for any pertinent information regarding your situation that will help us determine your level of financial need and your future plans in the Information Technology Industry.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Date of this submission: \_\_\_\_\_

WMNUG Membership (Y/N) \_\_\_\_\_ Personal/Corporate Sponsor? \_\_\_\_\_

*If you are not a WMNUG Member, a \$25 membership fee will be deducted from any Scholarship awarded.*

Certifications presently held \_\_\_\_\_

Please indicate the test or Certification for which you are applying?

\_\_\_\_\_

Name and location of Organization providing the test.

\_\_\_\_\_

Planned date of the Certification Test \_\_\_\_\_

What is the full cost of the test/Certification? \_\_\_\_\_

Is this Certification required by your employer? \_\_\_\_\_

Will this Certification provide opportunity for job advancement? \_\_\_\_\_

I am employed by: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

My company (does / does not) provide reimbursement of Certification Testing

*(Circle One above) – 100%, 80%, 50%, only if I pass.*

Explain: \_\_\_\_\_

\_\_\_\_\_

All information provided is true and accurate.

Signed: \_\_\_\_\_

