

**SDSPLS  
TUITION REIMBURSEMENT APPLICATION**

*Please use a separate application for each course reimbursement request.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

SDSPLS Member Level:    LSIT            Associate            Technician

List Your Employer, Contact Name, Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Name: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

School: \_\_\_\_\_

Date of course completion: \_\_\_\_\_

**Transcript and itemized receipt for the course must be attached.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

My signature certifies that the above information is true and complete to the best of my knowledge, and that I am working towards my LSIT or LS.

Return your completed application by Oct 1 to  
Janelle L. Finck - SDSPLS Executive Director  
PO Box 8154, Rapid City, SD 57709  
(605) 348-1538

Please contact Janelle Finck if you have any questions.