

The Dr Albert Rossi Endowed Scholarship Fund for Clinical Pastoral Education

EXPENSE REIMBURSEMENT

Students who successfully complete CPE 300, CPE 301-302, CPE 310, or CPE 311-312 **for academic credit** may be eligible for reimbursement of the hospital's CPE course fee (minus financial aid provided by the hospital). Eligible students who register for and complete the unit of CPE in the **summer** receive an additional stipend of \$500.

1. Eligibility

In order to receive CPE expense reimbursement students must do the following:

- Demonstrate financial need, normally on the basis of the Free Application for Federal Student Aid (FAFSA) and the seminary's Financial Aid Application;
- Successfully complete CPE 300, CPE 301-302, CPE 310, or CPE 311-312 for academic credit, including review of the CPE supervisor final evaluation with the seminary's Supervisor of Clinical Pastoral Education;
- Provide a copy (attached to this form) of the hospital's CPE course fee invoice, including financial aid provided by the hospital;
- Submit the request for reimbursement (with invoice) to the Associate Dean for Academic Affairs, who will certify eligibility for reimbursement, and submit the request to the Finance Office for reimbursement.

Note: Students who register for but do not complete CPE 300, CPE 301-302, CPE 310, or CPE 311-312 for academic credit are not eligible for CPE expense reimbursement. In the event that a student who is taking CPE for academic credit is unable to complete the CPE unit, the permanent grade **W (Withdrawal)** will be entered on the student's transcript.

2. Reimbursement request

Student's name: _____ Student ID: _____

_____ Hospital CPE course fee minus hospital financial aid (**invoice attached**)

+ _____ \$500 CPE stipend (**summer CPE only**)

\$ _____ Total reimbursement request

Note: Reimbursement is applied to the student's account. If the student has no outstanding balance, a reimbursement check will automatically be issued.

3. Certification of eligibility for reimbursement

Associate Dean for Academic Affairs: _____ Date: _____

4. Approval of request for reimbursement

Associate Chancellor for Finance: _____ Date: _____