

***Employee Education Assistance Plan
Degree Program Application***

Name _____ Date _____

Position/Title _____

Department _____ Division _____

Location _____

I request the following Degree Program be approved for payment under The A.B. Modine Scholars Program:

_____ Course Curriculum Attached.

Degree Sought _____ Associates – Bachelor's – Masters
(please circle)

Educational Institution _____

Studies Begin _____

Anticipated Date of Graduation _____

1. Maximum of six (6) credits per semester are eligible for payment. Maximum of \$5,250.00 per calendar year.
2. Approval of individual courses must be obtained before each term begins or tuition reimbursement will be denied.
3. I understand that the Educational Assistance Plan will not duplicate payments made by other sources and that I have informed Modine of all other tuition sources.
4. I understand that under the Plan, if I voluntarily leave the Company, I will be required to reimburse 100% of the cost Modine has incurred within one year prior to termination and 50% of any cost Modine has incurred within 12-24 months prior to termination. I also agree to allow Modine Manufacturing Company to make deductions from my regular pay and/or vacation pay in order to make this reimbursement.

Employee Signature

APPROVALS

Supervisor _____ Date _____

Plant/Department Manager _____ Date _____

Division Head _____ Date _____

Human Resources _____ Date _____

Corporate Human Resources _____ Date _____

FORWARD TO HUMAN RESOURCES – RACINE, WI