Larry A. Larsen Memorial Scholarship Reimbursement Request

The Larry A. Larsen Memorial Scholarship Fund assists team members and their dependents in their pursuit of higher education. Lineage Logistics team members who have been employed for ninety (90) or more days and who work a minimum of 30 hours per week and their dependents are eligible for up to $500.00 per eligible family member in scholarship funds in a calendar year.

Eligible dependents:
Eligible dependents include spouse, domestic partner, children including natural children, step children, legally adopted children, children for whom you are the legal guardian, and foster children. The age limit for participation of a child in the program is twenty-six (26) years of age.

Courses eligible for reimbursement through the scholarship program:
Courses submitted for reimbursement must be accredited through a nationally or regionally recognized education accreditation organization. Courses must have commenced after the team member has completed 90 days of employment to be eligible for scholarship.

To Apply:
Complete and submit this form to hrhelp@onelineage.com within sixty (60) days of the completion of the last day of class. Along with the Reimbursement Request form, the following documents need to be included:

a. A Grade report for the class or classes demonstrating successful completion (Grade of C (2.0) or better OR Pass if a pass/fail class) including when course was completed.
b. A detailed student account summary that shows the tuition charges and payments being made to the student's account.
c. Proof of payment for the completed course/class. This should include the cost of the class or classes completed. Reimbursements will not be made for classes paid through grants or other scholarship. Examples: Cancelled check issued to the school; proof of loan; receipt for payment from school.

Reimbursement: All scholarship payments will be made through payroll and will be subject to federal and applicable state payroll taxes. Payments will be made within ninety (90) days of approval of scholarship.

Reimbursement Request

Team Member Name: _____
Team Member ID: _____
Applicant (Dependent Name): _____
Name of College or Institute: _____
Name of Course(s) Completed: _____
Brief Course Description: _____

Date Course Commenced: _____
Date Course Completed: _____
Amount of Reimbursement: _____
Team Member Signature: _____
Team Member Location: _____

Email completed form to: HR Department at hrhelp@lineagelogistics.com

For Office Use Only:

Request Received: _____ Request Approved: _____

Reimbursement Submitted to Payroll for processing: _____