



National Vision, Inc. (NVI) is pleased to provide current and former associates with financial support in the pursuit of a Doctor of Optometry (O.D.) degree. NVI will reimburse up to \$2,500 per semester for a maximum of \$5,000 annually for up to 4 years for a total of up to \$20,000.

The following eligibility criteria must be met in addition to this application being completed in its entirety:

1. Associate eligibility:
  - Any current associate employed at full-time status for a minimum of 3 years with the Company.
  - For applications received within the 2014 calendar year ONLY - Former associates employed at full-time status for a minimum of 3 years with the Company that left our employ during calendar year 2014 or 2013 to immediately attend college or enter an optometric education program.
2. Expense eligibility: Only expenses for academic fees, books, and exams and coursework successfully completed towards an O.D. degree from an approved and accredited U.S.-based professional O.D. program.

To apply for tuition reimbursement for an approved and accredited U.S.-based professional Doctor of Optometry (O.D.) program, please complete the following steps:

1. Complete this application fully and legibly.
2. Attach payment records/receipts for the submitted expenses to this application.
3. Attach an up-to-date transcript or other record of successful completion of the coursework or exams being submitted for reimbursement to this application.
4. Submit all of the above items to National Vision's Human Resources department via one of the following methods:

Mail: National Vision, Inc.  
Attn: HR/OD Tuition Program  
2435 Commerce Ave, Bldg 2200  
Duluth, GA 30096

Fax: Attn: HR/OD Tuition Program  
(866) 595-7583

Email: [ODtuition@nationalvision.com](mailto:ODtuition@nationalvision.com)

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# Application for Reimbursement of Doctor of Optometry Program Tuition

This Section to be Completed by Applicant			
Date: _____	NVID: _____		
Name: _____			
First	Middle Initial	Last	Suffix
Cost Center (if currently employed): _____			
School: _____ Degree Sought: _____			
Institution Name			
Mailing Address			
City, State Zip			
Course/Exam Name(s): _____ _____ _____	Completion Date(s): _____ _____ _____		
<p>I acknowledge that prior to reimbursement and at any time thereafter, the Company may verify the information set forth on this application and obtain additional information as necessary. I authorize all schools noted above to supply any information related to my attendance at said school. I hereby release the parties identified above and the Company from all liability and for any damage whatsoever resulting from the release of the requested information.</p> <p><i>If you have read and understand the above statement, initial here:</i> _____</p> <p>I understand and agree to the terms set forth by the Company's O.D. Tuition Reimbursement Program. I further certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time the Company discovers the omission or falsification.</p>			
Signature: _____	Date of Application: _____		

This Section to be Completed by Human Resources	
Date Received: _____	Processed By: _____
Employment Eligibility Confirmed:      Yes                  No	Submission validated:                  Yes                  No
Acceptance Form Mailed to Assoc: _____	Notes: _____
Date	Date
Acceptance Rcvd from Assoc: _____	Check Request to AP: _____
Date	Date