

# APPLICATION FOR TUITION ASSISTANCE



**APPLICATION DEADLINES: Late applications will not be accepted.**

**Application Deadlines: Submit by**

<b>July 1</b>	<b>November 1</b>	<b>February 1</b>	<b>April 1</b>
Semesters are defined as follows: For classes starting between Aug. 15–Nov. 30	Dec 1–Feb 28/29	Mar 1–May 14	May 15–Aug 14

- For online programs, short-term courses, modules, and other non-semester based trainings, application must be received no later than 21 days prior to start of class.
- You must submit a new application for each semester, on-line course or short term class.
- To receive reimbursement or continue tuition payment, grades must be received by the Fund within 60 days of the completion of the course with a grade of at least a “C-” or a “pass.”
- To be eligible, you must have worked an average of 15 hrs/week for at least 1 year at your facility and continue working at least 15 hrs/week throughout the length of the course.

**NAME:** \_\_\_\_\_ **FACILITY:** \_\_\_\_\_

**I am applying for:**  Tuition Reimbursement  Tuition Voucher

**Term:**  Fall  Spring  Summer  Winter  LPN Term  Certificate/One-Time Class  Online Course  Other \_\_\_\_\_

**Year:**  2020  2021  2022 **Course Start Date:** \_\_\_\_\_ **Course End Date:** \_\_\_\_\_

## SCHOOL AND DEGREE PROGRAM

Name of educational institution: \_\_\_\_\_

Major/Degree or Certificate Program: \_\_\_\_\_ Estimated graduation or completion date: \_\_\_\_\_

## COURSE INFORMATION

Course Title and Number	Tuition Cost or Estimate:
1.	
2.	Estimated Books/Supplies:
3.	<b>Total Estimated Cost:</b>
4.	

**I have applied for Financial Aid:** Pell grants, other grants, and/or scholarships:  Yes  No  Not Applicable

## APPLICANTS' CERTIFICATION

I certify that I am aware of the SEIU Healthcare PA Training and Education Fund tuition assistance policies and will comply with them.

➔ Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## FERPA RELEASE

I hereby authorize \_\_\_\_\_ (name of school) to release the following educational records and information for the use by the SEIU Healthcare PA Training & Education Fund in administering my claim for Fund benefits, or in connection with any appeals regarding determinations by the Fund concerning such claim:

- Transcripts and other records of grades
- Records concerning enrollment or dropping of classes
- Attendance records
- Records regarding fees/charges and payments.

I understand further that (1) I have the right, including under the Family Educational Rights and Privacy Act (FERPA) and regulations thereunder, not to consent to the release of my education records; and (2) I have the right to receive a copy of such records upon request.

➔ Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## COMPLETE AND RETURN THIS FORM:

**BY FAX:** 717-232-1923 **BY EMAIL:** Info@TheTrainingFund.org  
**BY MAIL:** SEIU HCPA TEF, 1500 N. 2nd Street, Suite 16, Harrisburg, PA 17102

**YOU MUST COMPLETE BOTH SIDES**

# YES! I'm interested in the following:

(check all that apply)

- Tuition Assistance
- Skills Enrichment Class
- ServSafe Certification
- Career Counseling
- Online Study Guides/  
College Prep Courses
- CPR
- Mental Health First Aid  
Certification
- Nonviolent Crisis Intervention  
Certification
- Earning Credits Online  
for Continuing Education
- Quality Improvement
- Becoming a Peer Mentor
- Becoming a  
"TEF Champion"

## RETURN THIS FORM TO THE SEIU HCPA TEF

**Fax:** 717-232-1923

**Mail:** 1500 N. 2nd Street,  
Suite 16, Harrisburg, PA 17102

## QUESTIONS?

Call: 717-238-1826

Email: [info@thetrainingfund.org](mailto:info@thetrainingfund.org)

## VISIT OUR WEBSITE

[www.MyTrainingFund.org](http://www.MyTrainingFund.org)

# PARTICIPANT INFORMATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you covered under the SEIU Healthcare  
bargaining unit agreement in your facility?**

Y  N

## Contact Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

OK to text to your cell?  Y  N

SSN (last 4 digits): \_\_\_\_\_

Email Address: \_\_\_\_\_

OK to email you?  Y  N

Have you participated in the Training Fund programs before?  Y  N

## Employment Information

Employer: \_\_\_\_\_

Location (City/Town): \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Status:  Full time  Part time  Per Diem

Shift:  1st  2nd  3rd

## Demographic Information (These questions are for statistical purposes only)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F  Other

Country of Origin: \_\_\_\_\_

Do you speak a language other than English?  Y  N

If so, what language(s)? \_\_\_\_\_

Ethnicity: (check any that apply)

Asian

Black or African American

Hispanic or Latino

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other \_\_\_\_\_

## Academic Information (Highest Education Level Achieved)

Did Not Complete High School

High School Diploma or GED

In the U.S.  Outside the U.S.

Certification Program—in what? \_\_\_\_\_

Associate's Degree

Bachelor's Degree

Master's Degree