



# EDUCATIONAL FUND CLAIM FORM

Member's Last Name		First Name	Mid. Int.	Social Security	
Home Address		Apt. No.	City and State	Zip	Home Phone
Payroll Title	Department	Work Location			Office Phone
Educational Level (Circle) College 1yr 2yr 3yr 4yr BA BS Other _____ High School Grad or Equiv. or Yr. Completed 4,5,6,7,8,9,10,11					

## **A** COMPLETE THIS PART FOR TUITION REIMBURSEMENT (Check Applicable Benefit)

- |                             |   |  |
|-----------------------------|---|--|
| College Degree Course       | <input type="checkbox"/> Specialized Course             | <input type="checkbox"/> Vocational/Technical Course         |
| <input type="checkbox"/> BA | <input type="checkbox"/> Computer Course                | <input type="checkbox"/> Prep. Course for Certification Exam |
| <input type="checkbox"/> BS | <input type="checkbox"/> Conversational Language Course | <input type="checkbox"/> Course for Non-High School Grad.    |
| <input type="checkbox"/> AA | <input type="checkbox"/> Computer Seminar               |  |

NAME OF COURSE(S)	COURSE NO.	NO. CREDITS	NAME OF COURSE(S)	COURSE NO.	NO. CREDITS

Name & Address of College, University or School in which you enrolled	Check Applicable Term: <input type="checkbox"/> Fall 19__ <input type="checkbox"/> Spring 19__ <input type="checkbox"/> Winter 19__ <input type="checkbox"/> Summer 19__
Course Division or Department:	

Date Term Starts	Date Term Ends	Total Tuition: \$ _____	Total Tuition Paid By You: \$ _____
Mo. Day Yr.	Mo. Day Yr.		

Did you, or will you receive part or full scholarship, TAP, CAP, BEOG or other Tuition Assistance :  Yes  No      How Much? \$ \_\_\_\_\_

- ATTACH ORIGINAL PROOF OF PAYMENT: Either the bursar's receipt, cancelled check or statement from the institution of learning indicating the tuition which has been paid.
- ALSO ATTACH DOCUMENTATION VERIFYING YOUR ENROLLMENT, DATED AT LEAST 5 WEEKS FROM START OF CLASS, LISTING THE COURSE(S) IN WHICH YOU HAVE ENROLLED AND INDICATING THAT YOU HAVE ATTENDED THE LISTED COURSE(S).

## **B** COMPLETE THIS PART FOR REGISTRATION FEES FOR JOB-RELATED CONFERENCES

Title of Job-Related Conference:	Sponsoring Organization
Date Started	Date Ended
Mo. Day Yr.	Mo. Day Yr.
Registration Fee Paid \$ _____	

## **C** COMPLETE THIS PART FOR MEMBERSHIP FEES FOR JOB-RELATED PROFESSIONAL ORGANIZATIONS

Date Started	Date Ended	Name of Professional Organization	Fee Paid
Mo. Day Yr.	Mo. Day Yr.		\$ _____

I certify that the information given is correct and authorize release of any information necessary to process this claim.	For Office Use Only
Signature _____	Eligibility Check _____
Date _____	