



Participant Information To apply for up to \$300 of Tuition Assistance in a calendar year for a dependent child's tuition, complete the following and mail this form no later than one year after completion of the course or courses.

| | | | | |
|------------------------------|------------|------------------------------|------------------------|---------------|
| Participant's Last Name | First Name | M.I. | Social Security Number | |
| Mailing Address | City | State | Zip Code | Date of Birth |
| Home Telephone Number () | Employer | Work Telephone Number () | Union Local | |

Child's Information

| | | | | |
|------------------------------|------------|------------------------------|------------------------|---------------|
| Child's Last Name | First Name | M.I. | Social Security Number | |
| Mailing Address | City | State | Zip Code | Date of Birth |
| Home Telephone Number () | Employer | Work Telephone Number () | | |

Include an official transcript showing the courses the child has completed and the grades he or she has attained. If your child has received any other tuition reimbursement, scholarship or grant which will help pay tuition for these courses, list all such sources and amounts below.

Name of Source _____ Amount Reimbursed _____

Name of Source _____ Amount Reimbursed _____

Name of Source _____ Amount Reimbursed _____

Name of Source _____ Amount Reimbursed _____

Return The Application

When you have completed your courses, return your receipt for your tuition and your transcript as proof of successful completion to the Fund Office at the address shown below. You must submit your claim for Tuition Assistance within one year of completing the course or courses.

United Food & Commercial Workers Unions
and Food Employers Benefit Fund
Tuition Assistance Department
6425 Katella Avenue, P.O. Box 6010
Cypress, CA 90630-0010

I hereby certify that all information I have supplied above is true and correct to the best of my knowledge.

Participant's Signature _____ Date _____

Office Use Only

Participant's Eligibility Years Of Service _____ Years Of Vesting Credit _____

Dependent Child's Eligibility Eligible From _____ To _____

Institution's Accreditation Name Of School _____ Accreditation _____

Courses Completed: *Qualified?*

Name of Course _____ Yes No If non-qualified, reason for non-qualification _____

Name of Course _____ Yes No If non-qualified, reason for non-qualification _____

Name of Course _____ Yes No If non-qualified, reason for non-qualification _____

Total Tuition Paid _____ Allowable Reimbursement _____ Check Amount _____ Date Paid _____

Processor's Name _____ Date _____