



**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 \_\_\_\_\_