



United Food & Commercial Workers Unions  
and Food Employers Benefit Fund  
6425 Katella Avenue • P.O. Box 6010, Cypress, CA 90630-0010  
714-220-2297 • 562-408-2715 • www.scufcwffunds.com

## Tuition Assistance Application For Participant

**Participant Information** *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	

**\$500 Tuition Assistance Request**

To apply for Tuition Assistance for any qualified course or training which does not qualify as an Industry Advancement Course, return this application **after** you have completed the course or courses.

**Include an official transcript showing the courses you have completed and the grades you attained. If you have received any other tuition reimbursement, scholarship or grant which will help pay tuition, please 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 \_\_\_\_\_

**\$1,00 Tuition Assistance Request For Industry Advancement Courses**

To apply for Tuition Assistance for Industry Advancement Course, call the Fund Office before you register to determine whether or not the courses you chose qualify as Industry Advancement Courses approved by the Trustees of the Ancillary Fund.

**Return The Application**

When you have completed your courses, return this application, 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 _____
Institution's Accreditation	Name Of School _____	Accreditation _____

*Courses Completed:*

Name of Course _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If non-qualified, reason for non-qualification _____
Name of Course _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If non-qualified, reason for non-qualification _____
Name of Course _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If non-qualified, reason for non-qualification _____

Total Tuition Paid \_\_\_\_\_ Allowable Reimbursement \_\_\_\_\_ Check Amount \_\_\_\_\_ Date Paid \_\_\_\_\_

Processor's Name \_\_\_\_\_ Date \_\_\_\_\_