

Participant Information *Complete the following and mail this form no later than one year after completion of the course or courses.*

Last Name		First Name		Mid. Int.	Fund ID Number OR Social Security Number
Street	<input type="checkbox"/> Check if Mailing Address is new.	Home Phone		Mobile Phone	Date of Birth
City	State	Employer		Work Phone	Union Local
Zip Code		Email Address			

\$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.

\$1,000 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 Board of Trustees

Return the Application

When you have completed your courses, return this application with the following documents:

1. Your transcript as proof of successful completion
2. Your receipt or account history indicating the amount of tuition fee charges and payments
3. Financial Aid Award Summary verifying all grants or scholarships awarded

You must submit you claim for Tuition Assistance within one year of completing the course or courses. Return the application and all required documents to the Fund Office at the address shown below.

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:	Qualified?	
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 _____