

# APPLICATION FOR TUITION ASSISTANCE



PLEASE SUBMIT BY THE APPLICATION DEADLINES: Late applications will not be accepted

- To receive reimbursement or continue tuition payment, an unofficial transcript must be received by the Fund within **60 days** of the completion of the course with a grade of at least a **"C-" or a "pass."**
- To be eligible, ***you must have worked in a bargaining unit position for at least 4-months from your date of hire for Full-Time and Part -time employees, or for at least 1-year from your date of hire into the BU position for all other employees.*** Likewise, you must work an average of 15 hrs/week from your date of hire, and continue working at least 15 hrs/week throughout the length of the approved term.
- For online programs, short-term courses, modules, and other non-semester based trainings, applications must be received no later than **21 days prior** to the start of class.

| Classes Starting  | Application Deadline* |
|-------------------|-----------------------|
| Aug. 15 - Nov. 30 | July 1st              |
| Dec. 1 - Feb. 28  | November 1st          |
| Mar 1 - May 14    | February 1st          |
| May 15 - Aug. 14  | April 1st             |

***\*You must submit a new application for each semester, online course, or short-term class.***

## Step 1

## Verify Contact Information (only update if necessary)

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Facility: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ OK to text your cell? ☐ Y ☐ N  
Email: \_\_\_\_\_ OK to email you? ☐ Y ☐ N

## Step 2

## Tuition Information

|                                                                                                                            |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>I am applying for:</b><br><input type="checkbox"/> Tuition Assistance<br><input type="checkbox"/> Tuition Reimbursement | <b>TERM:</b><br><input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Summer<br><input type="checkbox"/> Winter | <input type="checkbox"/> LPN Term<br><input type="checkbox"/> Certificate/One-Time Class<br><input type="checkbox"/> Online Course<br><input type="checkbox"/> Other: _____                           | <b>YEAR:</b><br><input type="checkbox"/> 2027<br><input type="checkbox"/> 2028<br><input type="checkbox"/> 2029 |
| <b>Name of Educational Institution:</b><br>_____<br><br><b>Major, Degree or Cert. Program:</b><br>_____                    | <b>Tuition Cost or Estimate:</b><br>_____<br><b>Estimated Books/Supplies:</b><br>_____<br><b>Total Estimated Cost:</b><br>_____                        | <b>I have applied for Financial Aid</b> (e.g. FAFSA, Pell, GrowPA Grant, and/or scholarships):<br><input type="checkbox"/> Y<br><input type="checkbox"/> N<br><input type="checkbox"/> Not applicable |                                                                                                                 |

### APPLICANTS' CERTIFICATION

I certify that I am aware of SEIU Healthcare PA Training and Education Fund tuition policies and will comply with them.

→ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Step 3

## FERPA Release

I hereby authorize \_\_\_\_\_ (name of school) to release the following educational records and information for use by the SEIU Healthcare PA Training and Education Fund in administering my claim for Fund benefits, or in connection with any appeals regarding determinations by the Fund concerning such claim:

- Transcripts and other records of grades.
- Records concerning enrollment or dropping of classes.
- Attendance records.
- Records regarding fees/charges and payments.

I understand further that (1) I have the right, including under the Family Educational Rights and Privacy Act (FERPA) and regulations thereunder, not to consent to the release of my educational records; and (2) I have the right to receive a copy of such records upon request.

→ **Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ☐ I give the TEF permission to share information about my school, program, and term with my union.
- ☐ I give the TEF permission to share information about my school, program, and term with my employer.

### Step 4

## Additional Information

**YES!** I'm interested in the following: (check all that apply)

- |                                                                        |                                                              |
|------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Skills Enhancement Class                      | <input type="checkbox"/> Becoming a "TEF Champion"           |
| <input type="checkbox"/> CPR Certification                             | <input type="checkbox"/> Becoming a Peer Mentor              |
| <input type="checkbox"/> Mental Health First Aid Certification         | <input type="checkbox"/> Career Advising                     |
| <input type="checkbox"/> Non-Violent Crisis Intervention Certification | <input type="checkbox"/> LPN TEAS Test Prep                  |
| <input type="checkbox"/> Dementia Capable Care Certification           | <input type="checkbox"/> Resident Sensory Experience         |
| <input type="checkbox"/> ServSafe Certification                        | <input type="checkbox"/> CNA Training                        |
| <input type="checkbox"/> Tuition Assistance                            | <input type="checkbox"/> Quality Improvement (LEAN Training) |

### Employment Information:

Department: \_\_\_\_\_

Job Status:

Job Shift:

☐ Full Time

☐ 1st

☐ Part Time

☐ 2nd

☐ Per Diem

☐ 3rd

Job Title: \_\_\_\_\_

### Demographic Information:

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Ethnicity: (check any that apply)

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ White

☐ Native American or Alaska Native

☐ Native Hawaiian or Pacific Islander

☐ Other: \_\_\_\_\_

Gender/Pronouns: \_\_\_\_\_

If non-U.S. born, Country of Origin: \_\_\_\_\_

Fluent Language(s) other than English: \_\_\_\_\_

### Academic Information:

☐ Did Not Complete High School

☐ U.S. High School diploma or GED

☐ Non-U.S. High School diploma or GED

☐ Certification Program: \_\_\_\_\_

☐ Associate degree

☐ Bachelor's Degree

☐ Master's Degree