APPLICATION FOR TUITION ASSISTANCE

SEIU HEALTHCARE PA TRAINING & EDUCATION FUND

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:_____

Street Address:_____

City:_____

Phone: _____

Email: _____

Facility: _____

State:_____ Zip Code: _____

OK to text your cell? ☐ Y ☐ N

OK to email you? ☐ Y ☐ N

Step 2 → Tuition Information

I am applying for:

☐ Tuition Assistance

☐ Tuition Reimbursement

TERM:

☐ Fall

☐ Spring

☐ Summer

☐ Winter

☐ LPN Term

☐ Certificate/One-Time Class

☐ Online Course

☐ Other: _____

YEAR:

☐ 2022

☐ 2023

☐ 2024

Name of Educational Institution:
_____

Major/Degree or Certificate Program:
_____

Est. Graduation/Completion Date:
_____

Tuition Cost or Estimate:
_____

Estimated Books/Supplies:
_____

Total Estimated Cost:
_____

I have applied for Financial Aid (e.g. Pell grants, other grants, and/or scholarships):

☐ Y

☐ N

☐ Not applicable

APPLICANTS' CERTIFICATION

I certify that I am aware of the 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 the 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:** _____

Step 4 ▶ Additional Information

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

☐ **Skills Enrichment Class**

☐ **CPR Certification**

☐ **Mental Health First Aid Certification**

☐ **Non-Violent Crisis Intervention Certification**

☐ **Dementia Capable Care Certification**

☐ **ServSafe Certification**

☐ **Tuition Assistance**

☐ **Becoming a "TEF Champion"**

☐ **Becoming a Peer Mentor**

☐ **Career Counseling**

☐ **Online Continuing Education Credits**

☐ **Online Study Guides/College Prep courses**

☐ **LPN TEAS Test Prep**

☐ **Quality Improvement**

Employment Information:

Department:

_____

Job Title:

_____

Job Status:

☐ **Full Time**

☐ **Part Time**

☐ **Per Diem**

Job Shift:

☐ **1st**

☐ **2nd**

☐ **3rd**

Demographic Information:

Birthdate: _____/_____/_____

Gender/Pronouns:

_____

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

_____

Fluent Language(s) other than English:

_____

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:** _____

☐ **Did Not Complete High School**

Academic Information:

☐ **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**