

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

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: _____ Facility: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ OK to text your cell? Y N
 Email: _____ OK to email you? Y N

Step 2 Tuition Information

I am applying for: <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Tuition Reimbursement	TERM: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter	<input type="checkbox"/> LPN Term <input type="checkbox"/> Certificate/One-Time Class <input type="checkbox"/> Online Course <input type="checkbox"/> Other: _____	YEAR: <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> 2026
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): <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Skills Enrichment 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 Counseling |
| <input type="checkbox"/> Non-Violent Crisis Intervention Certification | <input type="checkbox"/> Online Continuing Education Credits |
| <input type="checkbox"/> Dementia Capable Care Certification | <input type="checkbox"/> Online Study Guides/College Prep courses |
| <input type="checkbox"/> ServSafe Certification | <input type="checkbox"/> CNA Training |
| <input type="checkbox"/> Tuition Assistance | <input type="checkbox"/> Quality Improvement |

Employment Information:

Department: _____

Job Status:

Full Time

Part Time

Per Diem

Job Shift:

1st

2nd

3rd

Job Title: _____

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