

UNION EDUCATION TRUST CAREER IMPROVEMENT PROGRAM (CIP) APPLICATION

DIRECTIONS

Visit the Union Education Trust website at <u>www.uedtrust.org</u> for a list of pre-approved schools and courses. Applications must be filled out completely and signed. Please allow 14 calendar days for processing. If you have any questions regarding your application or the application process, contact the Union Education Trust at 1-866-436-7900 or by e-mail at <u>support@uedtrust.org</u>. VOUCHERS WILL BE MAILED TO THE ADDRESS INDICATED ON YOUR PAYROLL RECORDS.

APPLICANT INFORMATION				
Employee ID Number:				
Last Name:	First Name:		MI:	
State Agency & Work Location Address:				
Work phone:	one: Home phone:		Cell phone:	
Normal Work Hours: Union Chapter:		Email:		
SCHOOL/INSTITUTION INFORMATION				
School/Institution Name:				
School/Institution Campus location:			Term/Class start date:	
Check the program you are applying for:				
College Credit Voucher (CV)	College Credit Reim	oursement (CR)	— CR pre-approval	
□ Career College Voucher (CCV)	Career College Voca	ge Vocational Ed (CCVE)		
	Check the appropriate quarter/semester: Fall Winter Spring Summer	For CV & CR Applications Only, check the appropriate program:		
COURSE INFORMATION				
Course Name: (Submit official course description with CV	& CR applications)	Course Number:	Credit Hours:	Tuition Cost:
1.				\$
2.			\$	
3.			\$	
			Total Tuition:	\$
MANDATORY FEE(S)				
Mandatory Fees include General Fees, Lab Fees, Computer/Technology Fees, and other fees required by the school in order to enroll in class and receive instruction.				
Total Mandatory Fees: \$				
FINANCIAL AID FROM OTHER SOURCES				
List all financial aid you will receive for tuition and fees from other sources including, but not limited to, grants, scholarships and state agencies.				
Name of Financial Aid:			Financial Aid Amount (\$):	
1.			\$	
2.			\$	
3.			\$	
Total Financial Aid:			\$	
REQUEST FOR UET FINACIAL ASSISTANCE				
Add your total tuition and fees then subtract the financial aid you will receive. Total Requested from UET:		\$		
SIGNATURE/AGREEMENT				
I represent that the information in the application is true and accurate to the best of my knowledge and belief. I authorize the school named above to release final grades and other data regarding my participation in the courses listed above to UET. I understand that the UET will pay for an approved course only once. I understand that if there is a discrepancy between this application and the invoice submitted to the school that UET will reconcile appropriate charges and apply to my available funds. The UET will keep all information confidential to the maximum extent of the law.				
Signature of applicant: Date:				
MAIL your completed application to: Union Education Trust, P.O. Box 3270, Westerville, OH 43086 FAX to: 1-866-436-7983 — OR — Apply online at: www.uedtrust.org				