



## Member Instructions for Completing Funding Request

### INSTRUCTIONS:

Please include your first and last name on all attachment pages, if not already printed on each page.

- 1) Name
- 2) Phone
- 3) Mailing Address
- 4) Email Address
- 5) Employer
- 6) Anticipated Program Completion Date
  - By when do you expect to complete your program? If you are currently enrolling in *pre-requisite* classes, list the approximate date you expect to complete all your *pre-requisites* (not the date you expect to complete a program you have not yet enrolled in.)
- 7) FTE
  - Enter the “Full Time Equivalent” workload you perform at work.
- 8) Academic Program
  - What is your current academic program? (i.e. Associates Degree in Nursing (ADN), Medical Assistant – NOTE! If you are enrolling in pre-requisite classes for a program, please list your program as “pre-requisites for xxx” (nursing, medical assisting, etc))
- 9) School Name
  - Enter the name of the educational institution where you are taking classes.
- 10) Funding Expenses For
  - Check expenses being claimed with this funding request – tuition, required books, required supplies. May select expenses for more than one item.
- 11) Amount Requested For
  - Tuition – Enter the total amount of tuition and/or related fees.
  - Required Books – Enter the total amount for required books. Voucher will add sales tax to price, if applicable.
  - Required Supplies – Enter the total amount for required supplies. Voucher will add sales tax, if applicable.
  - All or most expenses are often provided as an online printout from the school.
- 12) Quarter
  - Select which quarter your benefit will be used.
- 13) Year
  - Write the year the benefit will be used.
- 14) Required Attachments
  - You must collect all the paperwork needed to confirm your funding request. If you have any questions, contact the Training Fund office at (425) 255-0315.
- 15) Member Signature
  - Sign and date the “Funding Request Form.” Agreeing that all content is true and accurate, no documented written corrective action occurred within the twelve (12) months, and that you have incurred the expenses for which you are requesting funding. Check the box if you want us to hold your voucher or reimbursement check for pick up at the Renton Training Fund office. **Unsigned** Funding Request Forms will not be accepted.

**REMINDER:** Make sure that all your materials are complete before submitting!