



FUNDING REQUEST FORM FOR EDUCATION BENEFITS

Return by one of the following methods:
 Fax: 425.255.0347 Email: members@healthcareerfund.org
 Mail: 15 S Grady Way, Suite 321, Renton, WA 98057

Standard processing times for complete packets: 5 business days for vouchers ; 30 days for reimbursements.

MEMBER INFORMATION - To be completed by member

Please note - your funding request will be processed as a voucher that you submit to your school if you have not already paid or as a direct reimbursement if you have already paid for the educational expenses listed below.

The financial assistance under this Tuition Assistance program is within the tax exempt limit of \$5,250 per year, and, therefore, the Training Fund does not withhold federal, state or local taxes from your annual funding. However, a taxable event could occur if this benefit is used in conjunction with other tuition funding programs. Please consult your tax professional for any year-end tax questions.

1) Name:

2) Phone:

3) Mailing Address:

4) Email:

5) Employer:

6) Academic Program:

7) FTE:

8) Anticipated Program Completion Date:

9) School Name:

10) Funding Expenses For:

11) Amount Requested For:

Tuition Required Books Required Supplies

Tuition: \$ Required Supplies: \$

12) Winter Spring Summer Fall

13) Year:

Required Books: \$

14) Required Attachments:

- Class / Program Requirements, if not already on file at the Training Fund - standard online prinout for your class/program**
- Proof of course registration** - which must include enrollment evidence for the individual classes you are seeking funding for and the cost of those classes
- Proof that any books or supplies you are seeking funding for are required or recommended for your class / program** (i.e.: course syllabus or bookstore printout)
- Prior quarter grades/unofficial transcript** (if applicable)

Proof of payment for any tuition expenses and/or required or recommended books/supplies (if seeking direct reimbursement)

***By signing this form I fully approve the Training Fund to issue funding on my behalf. I certify that I do not have a written corective action on file with my employer for the previous one year period and I understand that my corrective action status is subject to verification by the Training Fund. Under penalty of perjury, I state that the information provided herein is correct and that I have incurred the educational expenses above. I understand that either I am required to sign the completed voucher and submit it to my school - OR - the check issued on my behalf will be mailed via USPS to the above listed address, unless indicated below that it will be picked up.**

15) Member Signature:

Date:

Check if you would like the Fund to retain your voucher/check for pick-up at the Renton office.

IMPORTANT: Please include all required attachments. Incomplete requests cannot be processed. All materials must be clear and readable. Staff will request resubmission of any material that cannot be read.