



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:
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3) Mailing Address:

4) Email:	5) Employer:
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6) Academic Program:	7) FTE:
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8) Anticipated Program Completion Date:	9) School Name:
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10) Funding Expenses For: <input type="checkbox"/> Tuition <input type="checkbox"/> Required Books <input type="checkbox"/> Required Supplies	11) Amount Requested For: Tuition: \$ Required Supplies: \$
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12) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	13) Year:
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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 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 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:
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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.