



## 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.*

<b>1) Name:</b>	<b>2) Phone:</b>
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**3) Mailing Address:**

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

<b>15) Member Signature:</b>	<b>Date:</b>
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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.**