



NEW ENGLAND HEALTH CARE EMPLOYEES UNION
DISTRICT 1199 AND THE CONNECTICUT NURSING HOMES



APPLICATION FOR TUITION REIMBURSEMENT

77 HUYSHOPE AVENUE • HARTFORD, CONNECTICUT 06106-7001 • (860) 251-6060 • TOLL FREE (866) 233-1199 • FAX (860) 549-1316

Tuition Reimbursement applications are available at www.1199trainingfund.org

LATE APPLICATIONS WILL NOT BE ACCEPTED. APPLICATION DEADLINES AND REIMBURSEMENT POLICIES:

SPRING SEMESTER - JAN. 15 • SUMMER SEMESTER - MAY 31 • FALL SEMESTER - AUG. 31 • WINTER SESSION - DEC. 15

- a. For semester based programs, an application must be received at the Fund office by the stated deadline. Submit your application by the deadline even if you have not yet registered for your courses. Complete one application for each institution you are attending.
- b. For non semester based programs, short-term trainings, workshops or online courses an application must be received at the Fund office before the first day of the program. One form is sufficient for most non semester based programs, but please call the Fund office if you are not sure about your program's requirements.
- c. All receipts and grades must be received at the Fund office within 60 days of class completion in order to be considered for reimbursement. If your program does not meet on a semester basis, receipts and grades must be received at the Fund office within 60 days of completion of each term. For short-term trainings, receipts and grades must be received at the Fund office within 60 days of completion of the training.
- d. **REMINDER:** In order to be eligible for tuition reimbursement, you must have worked for 12 consecutive months for a participating employer by the application deadline. You must have worked an average of at least eight (8) hours per week during the previous year and continue to work an average of at least eight (8) hours per week during the semester/term for which you have applied for reimbursement. The Fund office receives monthly payroll reports from participating facilities which are used to verify eligibility. Some Collective Bargaining Agreements (CBA) require you to work an average of 20 hours per week to be eligible for tuition benefits.

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY #
HOME MAILING ADDRESS (No. and St.)		(City)	(State) (Zip Code)
JOB TITLE	SHIFT	EMPLOYER	DATE OF HIRE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
NAME OF EDUCATIONAL INSTITUTION		ADDRESS OF EDUCATIONAL INSTITUTION	
COURSE STARTING DATE (Month and Year)	COURSE FINISH DATE (Month and Year)	EXPECTED GRADUATION DATE (Month and Year)	

Course Information

COURSE TITLE AND NUMBER	NUMBER OF CREDITS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
TOTAL CREDITS	_____
DEGREE PURSUED	_____

Cost

TUITION CHARGE PER CLASS	\$ _____
TOTAL FEES	\$ _____
TOTAL TUITION AND FEES	\$ _____
TOTAL TEXTBOOK COSTS	\$ _____
SUBTOTAL	\$ _____
LESS GRANTS/SCHOLARSHIPS	\$ _____
NET COST	\$ _____

Applicant's Certification

I certify that I am familiar with the regulations for tuition reimbursement and will comply with them

WHEN I GRADUATE, OR COMPLETE MY PROGRAM, I AGREE TO ATTEND THE TRAINING FUND'S ANNUAL GRADUATION CEREMONY.

SIGNATURE OF APPLICANT _____

DATE _____

RETURN WHITE COPY TO FUND OFFICE - RETAIN YELLOW COPY FOR YOUR RECORDS

