

Local 2627 Education Fund

125 Barclay Street, Room 8E09 - 8th Floor
New York, NY 10007
212-815-1932

Application for Tuition and Certification Reimbursement

SSN #	Last Name	First Name	M.I.

Address Number and Street	Apt. #	City and State	Zip Code	Home or Cell Phone

Job Title	Employer	Employer Address	Work Phone

Check Applicable Term (Check Only One)	Starting Date	Ending Date
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ Year Year Year Year	____/____/____ Month Day Year	____/____/____ Month Day Year
College/ University/Institution Enrolled (Name and Address)	Degree Status	
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Credit	

List Below Courses / Certification Taken for This Term

Credit Courses			Non-Credit Courses	
Course #	# Of Credits	Title	Course #	Title

Fees	
Tuition	\$
Registration or Consolidated Fee	\$
Total Fees	\$

For Office Use Only	
Proof of Completion	Amount Refunded
GR <input type="radio"/> _____ By _____	\$ _____
Rec <input type="radio"/> _____ By _____	By _____
Aid <input type="radio"/> _____ By _____	By _____

For Office Use Only

I Hereby Declare That The Above Statements Are True.

Member's Signature X _____ Date _____