

## 419 McDonald Ave., Unit 205, Brooklyn, NY, 11218

## uawedfund@gmail.com

Members of participating locals only
Maximum of \$1000 per calendar year
Complete all items on this form, printing legibly
Attach proof of completion of each course
Attach proof of payment (including amount) for each course
Email or e-fax to the address above

## **APPLICATION FOR TUITION REIMBURSEMENT**

				Today's Date
Last Name	First Name	Middle Name		
Mailing Address	Apt. #	City	State	Zip
Phone#: Home (	)	Work (	)	
Cell ( )		_ Email:		
COURSES TO BE REIM				
Name, begin and end	date of each course: _			
ED FUND USE ONLY: Compl	eted Check #	Check E	oate Mailed	
\$ For:	(e.e	(e.g. max 2023, spring 2021, balance 2023, knots 2023)		