

USWA LOCAL 9231, 9231-01, I/N TEK, I/N KOTE

TUITION ASSISTANCE PROGRAM APPLICATION

IMPORTANT: Before completing application, read front and back. Please print or type your information



Local 9231



I/N Tek
I/N Kote

1) Please tell us about yourself:

Name: Social Security No.:
Address: Payroll No.:
Home Phone No.; ( )
Department:
zip code

2) School/Institution you plan to attend:

Name: Address
Department:
City, state, zip code

3) Please tell us about your study plans:

Program type:

- Certificate Bachelor degree
Associate degree Graduate degree
Other

Table with 5 columns: Course name, Course no., Credit Hours, Cost/credit hr., Total cost

Term starts on: Month date year Term ends on: month date year

4) I agree that:

- This request does not include duplication of reimbursement funds.
I will attend classes on my own time.
When I finish my studies, I will send proof of completion, such as a grade report, to I/N Kote, I/N Tek LJC.
I hereby authorize the above named school to release the grades and/or proof of completion.

5) Please tell us about your tuition:

Total tuition: \*\$ Fees: \$
Other tuition assistance: \$
Source of other assistance:
Total assist. requested:
\*Do not include non-mandated books, equipment, or other non-tuition costs.

6) Please return this form to:

Local Joint Committee
30755 Edison Road
New Carlisle, IN 46552

Approved by: Date Total Approved: \$

QUESTIONS?

CONTACT: LJC e-mail address: Local Joint Committee @exchange.inland.com Fax: (219) 654-1862



***I/N TEK & I/N KOTE TUITION ASSISTANCE PROGRAM  
BOOK REIMBURSEMENT APPLICATION***



A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COURSE TAKEN.

**REQUIREMENTS FOR REIMBURSEMENT:**

**YOU MUST PROVIDE THE FOLLOWING:**

- OFFICIAL GRADE FROM INSTITUTION
- COMPLETED APPLICATION
- SIGNATURE OF INSTRUCTOR
- ITEMIZED RECEIPT FROM BOOKSTORE  
(MUST BE REQUESTED AT TIME OF PURCHASE)

**YOU MUST:**

- CIRCLE THE COST OF THE BOOK
- HAVE NAME OF BOOKSTORE ON RECEIPT

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Payroll # \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

University/School Name \_\_\_\_\_

Name of Course Taken \_\_\_\_\_

Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_

Name of Instructor \_\_\_\_\_

COURSE #	BOOK TITLE	COST
	TOTAL COST	
	TAX	
	TOTAL REIMBURSEMENT REQUESTED	

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**TO THE INSTRUCTOR:**

MY SIGNATURE VERIFIES THAT THE BOOK(S) LISTED ABOVE IS THE REQUIRED TEXT FOR MY COURSE.

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE

\_\_\_\_\_  
DATE

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNTS \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_