

**PHILADELPHIA HOSPITAL AND HEALTH CARE –
DISTRICT 1199C TRAINING AND UPGRADING FUND
TUITION REIMBURSEMENT APPLICATION**

Name: _____ Date: _____
 Address: _____ Zip: _____ Phone: _____
 Date of Birth: _____ Soc. Sec. #: _____ Email: _____
 Member of 1199C? YES: NO: IF YES, HOW LONG? _____
 Employed At: _____ Address of Employer: _____
 Position: _____ Department: _____ Shift: _____
 Date Hired: _____ Phone No. at Work: _____ Cell: _____
 Full-Time: _____ Part-Time: _____ Hours Per Week: _____ Hourly Wage: _____
 School You Wish to Attend: _____
 What Semester Are You Asking Reimbursement For?
 Fall/Winter: _____ Spring: _____ Summer: _____

COURSE TITLE	DEPT. & CATALOGUE #	CREDITS	START DATE	END DATE	TUITION PER COURSE
TOTAL REQUESTED					

Please indicate with a check mark the appropriate category for this course work:

- Pre-requisites Vocational Program Degree Program
 Certification-Specify: _____ Other-Specify: _____

If this course work is part of a pre-requisite requirement, specify what program you are seeking admission to: _____

If your course work is part of a vocational or degreed program, please specify the diploma/degree you are seeking: _____

What is your anticipated graduation or completion date? _____

Are You Entitled to Receive, or Are You Receiving Tuition Aid from Your Institution? Yes: No:

If so, How Much? _____

Have You Applied for any Other Fund Programs? Yes: No:

If Yes, Which One? _____

(over)

"An Equal Opportunity Educational Institution"

DO NOT WRITE BELOW THIS LINE

Name _____ Employer _____

Your Tuition Reimbursement application for _____ has been received
 Semester/Year

The program is _____ approved _____ not approved

Web Application

Signature

Date

Contingent upon funds being available.



TUITION REIMBURSEMENT RULES

PLEASE NOTE: In the event that a member-applicant is eligible for and/or receives a grant-in-aid or other financial support from any other Foundation, government agency, or any other source where funds do not have to be repaid in the future, the reimbursement ordinarily provided by the Fund shall be off-set by the amount of such other stipend or grant. This will not apply to loans which must be repaid by the applicant.

1. Members must apply for Tuition Reimbursement three weeks before the start of a course. The Training Fund will notify the member that the application has been received and approved.
2. A **NEW** application must be submitted for each Fund semester. Program approval does not mean funding is approved for subsequent semesters.
3. Applicants must be employed at a contributing institution and be a member of District 1199C or the bargaining unit for at least 6 months before the course starts in order to be eligible. Those members who are eligible for tuition assistance from their institutions will not be eligible for payment from the Fund.
4. Applications for reimbursement for programs offered by non-collegiate programs will be reviewed and approved by the Fund's Career Counselor.
5. Applicants will be asked to complete an Educational Plan for the Fund and to periodically update the Plan.
6. The Fund will not reimburse members for any course in which a grade of less than 'C' is received. Only applicants receiving a 'C' or better, or 'Satisfactory' in an ungraded program, will be eligible for reimbursement. For Seminars and Workshops, documentation of attendance is required.
7. You must submit an OFFICIAL TRANSCRIPT of your grades and a paid receipt in order to be reimbursed.
8. The Fund is not responsible for applications, receipts or transcripts sent through the mail.

I, the undersigned have filled out the application on the reverse side to the best of my knowledge and attest that the information contained herein is correct.

Signed by: _____ Date: _____

*Return to: District 1199C Training and Upgrading Fund
100 S. Broad St., 10th Floor, Philadelphia, PA 19110

DO NOT WRITE BELOW THIS LINE

Letter to Hospital verifying employment: Sent: _____ Rec'd: _____

Employer Contribution _____ Employment Status Full-Time Part-Time (hours per week) _____

Application approved: _____ Not approved: _____

If not approved, reason for action: _____

Date Mailed: _____ Approval: _____