

LOCAL UNION 258 OF THE I.B.E.W.

Application Form

Work -Related Training Assistance

**NOTE:** This application will **not be considered** by the Local Union if filled out **after starting** on a Course. You must apply **prior to commencing** the training or Course. **There will be no exceptions to this policy.**

NAME IN FULL: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STARTING DATE OF COURSE: \_\_\_\_\_  
\_\_\_\_\_ PHONE NO: \_\_\_\_\_  
Postal Code  
CLASSIFICATION \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

**COURSE OR TRAINING INFORMATION**

TITLE OR SUBJECT MATTER: \_\_\_\_\_  
PRESENTED BY : \_\_\_\_\_  
TOTAL COST OF COURSE: \$ \_\_\_\_\_ YOUR COST: \_\_\_\_\_  
LOCATION OF COURSE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ DURATION OF COURSE: \_\_\_\_\_

**NOTE:** If employed you **MUST FIRST** make application to your employer for financial assistance. If unemployed you **MUST FIRST** check with the Employment Insurance Commission regarding financial assistance.

Have you made application for financial assistance to your employer or to the Employment Insurance Commission? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Were you provided with any financial assistance YES: \_\_\_\_\_ NO: \_\_\_\_\_

If you received financial assistance please state amount received \$: \_\_\_\_\_

<b>PLEASE NOTE:</b>	<b>IF APPROVED THE LOCAL UNION WILL ONLY PAY UP TO ONE-HALF OF THE TOTAL COST PAID BY THE MEMBER FOR THE COURSE, UPON PROOF OF SUCCESSFUL COMPLETION.</b>
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**FOR OFFICE USE ONLY**

DATE RECEIVED: _____	EXECUTIVE BOARD ACTION: _____
COMMENTS: _____	DATE: _____
_____	AMOUNT: _____
_____	