**Worksite 97 Education Fund**

**Application Form**

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **TELEPHONE** | (H) (W) (Fax) |
| MNU membership #\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Full time \_\_\_\_\_\_ Part time\_\_\_\_\_\_\_ Community area\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME OF PROGRAM** |  |
| **DATE AND DURATION OF PROGRAM** |  |
| **LOCATION OF PROGRAM** |  |

**Funding Requested to a Maximum of $250 per calendar year as stated in the Guidelines**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENDITURE** | **DETAILS** | **AMOUNT** | **OFFICE USE ONLY** |
| **REGISTRATION (TUITION)** |  |  |  |
| **BOOKS (MATERIALS)** |  |  |  |
| **ACCOMODATION** |  |  |  |
| **TRAVEL** |  |  |  |
| **MEALS** |  |  |  |
| **OTHER** |  |  |  |
|  | **TOTAL:** |  |  |

I have read and understand the guidelines and confirm that the information provided is

complete and accurate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

**Deadline**: Must be submitted within 30 days from the date of completion of the course