

# 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			

<b>OTHER</b>			
	<b>TOTAL:</b>		

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