

**APPLICATION
for the
CUPE PHCC Recruitment, Retention and Education Fund**

Name: _____
 Street or P.O. Box: _____
 City: _____ Postal code: _____
 Phone numbers: Home: _____ Work: _____
 Email address: _____
 Local #: _____
 Employer: _____
 Position: _____
 Date hired: _____ F/T P/T Casual
 Educational Institution/Facility:: _____
 Program:: _____
 Title of course: _____
 Start date: _____ F/T student P/T student
 Estimated book costs: _____ Course cost: _____
 Payment preference: student requesting reimbursement (receipts attached to application) by CUPE PHCC RRE Fund

SPONSORSHIP FORM or ACCEPTANCE LETTER from the Educational Facility must be submitted with this application form.

Courses applied for will advance you to what CUPE classification?

Are you receiving any additional funding for the course applied for: yes no

If the answer is yes, please advise as to the source of the funds and the amount:

I have read the allocation criteria.

I agree to repay the "Fund" for all monies received should I voluntarily withdraw from the course or I am unable to enroll in the course.

SIGNATURE

DATE

Mail to:
 PHCC RREF Committee
 Box 50023
 Brandon, MB
 R7A 7E4

For Internal Use Only	
Review of application for financial assistance from the CUPE PHCC Recruitment, Retention and Education Fund	
Date application received:	_____
Date funding approved:	_____
Amount approved:	_____
Date letter sent to recipient:	_____
Cheque #:	_____