SEIU UHW-WEST & JOINT EMPLOYER
EDUCATION FUND

ACADEMIC SUPPORT WORKSHOP APPLICATION

To be eligible to apply for the Academic Support Program, you must meet the following criteria:

1) Work in a participating SEIU bargaining unit position for a contributing employer.
2) Be a regular full- or part-time employee eligible for benefits.
3) Have completed your initial probationary period.
4) Please send a copy of your drivers license and paystub.

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

1. GENERAL INFORMATION

*SOCIAL SECURITY NUMBER **XXX-XX-**_____	**EMPLOYEE ID NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #	HOME PHONE ( )	
CITY	STATE	ZIP CODE	WORK PHONE ( )	
BIRTHDATE ___/___/____	SEX	RACIAL ETHNIC BACKGROUND (OPTIONAL) ☐ AFRICAN AMERICAN/BLACK ☐ ASIAN/INDIAN SUBCONTINENT ☐ ASIAN/PACIFIC ISLANDER ☐ HISPANIC/LATINO ☐ WHITE/CAUCASIAN ☐ OTHER _____	CELL PHONE ( )	
EMAIL ADDRESS			BEST TIME TO CALL	

2. PROGRAM/COURSE INFORMATION

Los Angeles	Saturday August 28 10-3	**LA-**1730 West Olympic Blvd, Suite 200 LA, CA 90015
Los Angeles	Sunday September 12 10-3	**LA-**1730 West Olympic Blvd, Suite 200 LA, CA 90015
Los Angeles	Sunday November 21 10-3	**LA-**1730 West Olympic Blvd, Suite 200 LA, CA 90015

3. EMPLOYMENT INFORMATION

EMPLOYER		FACILITY	DEPARTMENT
DATE OF HIRE ___/___/____	HRS/WK	JOB TITLE	
BENEFITTED (OR BENEFIT-ELIGIBLE)? ☐ YES ☐ NO	WAGE	SUPERVISOR/MANAGER'S NAME	
SCHEDULE ☐ PART TIME ☐ FULL TIME	SHIFT ☐ NIGHTS ☐ DAYS ☐ EVENINGS	SUPERVISOR'S E-MAIL	
UNION REPRESENTATION (CHECK ONE) ☐ NONE ☐ SEIU UHW-WEST (FORMERLY LOCAL 250/399) ☐ SEIU 1107 ☐ SEIU 105 ☐ SEIU 49 ☐ SEIU 121RN ☐ OTHER : _____		SUPERVISOR'S PHONE ( )	

4. CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the Education Fund may share my name and contact information with my employer and the school or training institution in order to verify my eligibility and enrollment status. I understand that specific information related to my academic performance will not be shared with my employer.

APPLICANT'S SIGNATURE **APPLICATION DATE**

***REQUIRED: Only list the last 4 digits of your social security number**
****REQUIRED** ***Incomplete applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.***

FAX your information no later than Thursday before the class to: Dan Bennington,
Fax: **(213.739.0268)**
(include cover sheet Attn: Dan Bennington
For more information, call **213.401.3019**
- **or**- E-mail (dbennington@seiu-uhweduc.org)

Union-Made SEIU UHW-West