



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

LVN TO RN PROGRAM

at City College of San Francisco

If you are a
Licensed Vocational Nurse
(LVN) working to become
a Registered Nurse (RN)
and have completed your
prerequisite classes,
you may be eligible.

- ❖ **FALL 2009: TRANSITION PROGRAM**
- ❖ **JANUARY 2010: SEMESTER STARTS**

DEADLINE: July 31, 2009

Complete the form on the back of this flyer and submit to:

Education Fund
Attn: Laura Rodriguez
360 22nd Street, Suite 200
Oakland, CA 94612

-or-

Fax: 866.727.1982

-or-

Apply online at SEIU-UHWEDUC.ORG

For more about this and other
Education Fund programs and services call
1.888.TRAIN06 (872.4606) TOLL FREE

Or visit us on the web at

WWW.SEIU-UHWEDUC.ORG





SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

CITY COLLEGE OF SAN FRANCISCO LVN TO RN PROGRAM APPLICATION • SPRING 2010

To be eligible to apply for the (Name of Program) Program, you must meet the following criteria:

- 1) Have a current valid LVN license
- 2) Work in a participating SEIU bargaining unit position for a contributing employer.
- 3) Be a regular full- or part-time employee eligible for benefits.
- 4) Have completed your initial probationary period.
- 5) Meet all of the eligibility requirements of the RN Program at City College of San Francisco. Please visit <http://www.ccsf.edu/Catalog/Medical/nurscurr.html> for the list of prerequisites and other requirements.

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

DEADLINE: JULY 31, 2009

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) <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER	CELL PHONE ()	
EMAIL ADDRESS			BEST TIME TO CALL	

2. PROGRAM/COURSE INFORMATION

FOR YOUR APPLICATION TO BE CONSIDERED YOU MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTS:

- Completed Program Application **AND**
- Copy of your most recent **pay stub AND**
- Copy of your **unofficial transcripts AND**
- **Copy of your LVN License**

3. EMPLOYMENT INFORMATION

EMPLOYER	FACILITY	DEPARTMENT
DATE OF HIRE _/_/___	WAGE	JOB TITLE
BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hrs/Wk	SUPERVISOR/MANAGER'S NAME
SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	SUPERVISOR'S E-MAIL
UNION REPRESENTATION (CHECK ONE) <input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250/399) <input type="checkbox"/> SEIU 1107 <input type="checkbox"/> NONE <input type="checkbox"/> SEIU 105 <input type="checkbox"/> SEIU 49 <input type="checkbox"/> SEIU 121RN <input type="checkbox"/> 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 or late applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.***

FAX, MAIL (U.S. mail only) or HAND DELIVER application no later than 5:00p on 7/31/09 to: Laura Rodriguez, Implementation Specialist
 360 22nd Street, Suite 200, Oakland CA 94612

Fax: **866.727.1982**

(include cover sheet Attn: Laura Rodriguez)

For more information, call **888.872.4606**

- or- E-mail lrodriguez@seiu-uhweduc.org