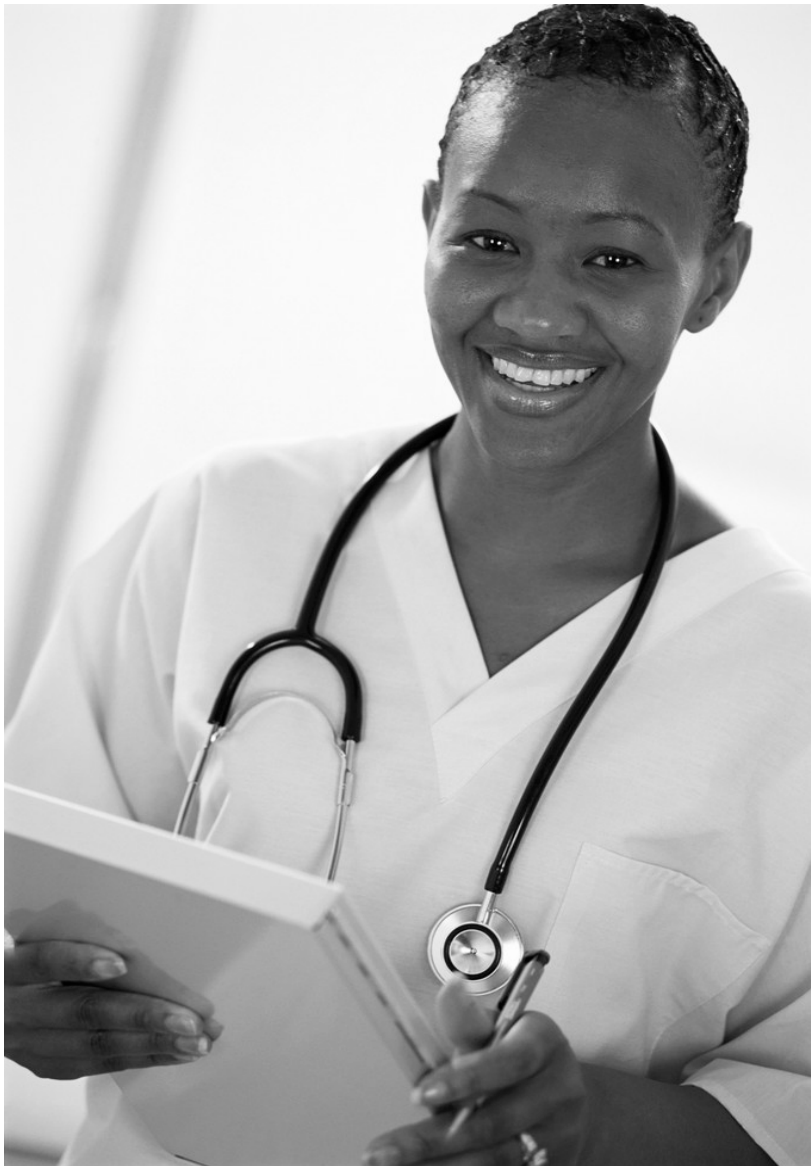




SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

FORGIVABLE LOAN PROGRAM

For Registered Nurse, Allied Health Professional and Technical Education



Are you currently enrolled or accepted in a Registered Nurse, Allied Health Professional or Technical Education Program for **FALL 2009?**

If so, you may be eligible to **receive up to 8 hours a week of paid time off from work** to attend school and study!



APPLICATION PROCESS

DEADLINE: JULY 17, 2009

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

Education Fund

Attention: Kyshia Allen

360 22nd Street, Suite 200

Oakland, CA 94612

-or-

Fax: 866.727.1982

(Attention: Kyshia Allen)

-or-

Apply Online at: www.seiu-uhweduc.org

For more about the Forgivable Loan Program or 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

FORGIVABLE LOAN PROGRAM APPLICATION • FALL 2009

To be eligible to apply for the Forgivable Loan Program, you must meet the following criteria:

- 1) Be currently enrolled or accepted in an accredited Registered Nurse, Allied Health Professional or Technical Education Program for the Fall 2009 term
- 2) Work in an SEIU bargaining unit position for which the employer makes an Education Fund contribution
- 3) Be a full- or part-time employee eligible for benefits
- 4) Have completed your initial probationary period
- 5) Be able to provide verification of reduction of hours

Please note: This program is not for completion of prerequisites. Selection for the Forgivable Loan Program is limited, and based on eligibility criteria and availability of funding. **Funds received do not have to be repaid if you remain employed in your upgraded position with your current employer for a specified time period and/or meet other requirements. If you do not meet these requirements, the funds will be treated as a loan and must be repaid.**

DEADLINE: July 17, 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 ()
HAVE YOU APPLIED FOR THE FORGIVABLE LOAN/STIPEND PROGRAM BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR WHAT SEMESTER(S):		CELL PHONE ()
EMAIL ADDRESS (IF AVAILABLE)				

2. SCHOOL & PROGRAM INFORMATION

Name			Program (Ex: RN, RAD Tech, etc)	
Address			Program Contact Name	Program Contact Phone ()
City	State	Zip Code	Program Start Date	Expected Graduation Date

3. EMPLOYMENT INFORMATION

CURRENT EMPLOYER	FACILITY	DEPARTMENT	Date of Hire _ / _ / _
JOB TITLE	EMPLOYEE ID #	UNION REPRESENTATION (CHECK ONE): SEIU UHW-West (formerly 250/399) <input type="checkbox"/> NONE <input type="checkbox"/> SEIU Local 49 <input type="checkbox"/> 105 <input type="checkbox"/> 121RN <input type="checkbox"/> 1107 <input type="checkbox"/> 6434 <input type="checkbox"/>	
HOURS <input type="checkbox"/> BEFORE REDUCTION _____ Hrs/Wk <input type="checkbox"/> AFTER REDUCTION _____ Hrs/Wk	SUPERVISOR/MANAGER'S NAME & TITLE		
ELIGIBLE TO RECEIVE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S TELEPHONE # ()		

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.

APPLICANT'S SIGNATURE

APPLICATION DATE

***REQUIRED:** Only list the last 4 digits of your social security number

****REQUIRED**

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

- Completed Program Application (Incomplete applications will not be considered.) AND
- Copy of your most recent pay stub

Incomplete applications will not be accepted.

IF AVAILABLE, ALSO PROVIDE THE FOLLOWING BY THE DEADLINE:

- Copy of your school registration (with classes listed) OR Copy of your acceptance letter for Fall 2009 enrollment

FAX, MAIL (U.S. mail only) or HAND DELIVER applications & documents no later than 7/17/09 to: Kyshia Allen, Implementation Specialist
 360 22nd Street, Oakland, CA 94612
 Fax: **866.727.1982**
 (include cover sheet Attn: Kyshia Allen)
 For more information, call **888.872.4606**
 -or- E-mail kallen@seiu-uhweduc.org