



SEIU UHW - WEST & JOINT EMPLOYER  
EDUCATION FUND

## **FORGIVABLE LOAN PROGRAM (FLP)**

### **For Registered Nurse, Allied Health Professional, and Technical Education**

If you are currently enrolled or accepted in a Registered Nurse, Allied Health Professional or Technical Education Program for **FALL 2010**, then you may be eligible to **receive up to 8 hours a week of paid time off from work** to attend school and study!



#### **FLP APPLICATION PROCESS**

**DEADLINE: JULY 23, 2010**

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

Education Fund

Attention: Kyshia Allen

360 22<sup>nd</sup> Street, Suite 200

Oakland, CA 94612

-or-

Fax: 866.727.1982

(Attention: Kyshia Allen)

-or-

**Apply Online at: [www.seiu-uhweduc.org](http://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](http://WWW.SEIU-UHWEDUC.ORG)**



SEIU UHW - WEST & JOINT EMPLOYER

EDUCATION FUND

## FORGIVABLE LOAN PROGRAM APPLICATION • FALL 2010

To be eligible to apply for the Forgivable Loan Program (FLP), 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 2010 term
- 2) Work in an SEIU bargaining unit position for a contributing employer.
- 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 23, 2010**

### 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		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"/>	
REGULAR POSITION HOURS/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 2010 enrollment

**FAX, MAIL (U.S. mail only) or HAND DELIVER** applications & documents **no later than 7/23/10** to: **Kyshia Allen**, Implementation Specialist  
 360 22<sup>nd</sup> 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](mailto:kallen@seiu-uhweduc.org)