

SERVICE CONTRACT EDUCATION & TRAINING TRUST FUND APPLICATION FOR EDUCATIONAL BENEFITS



Instructions: After completing this application, submit it and all required information to the SCETT Fund Administrator by U.S. Postal Service, commercial carrier, fax, or e-mail:

SCETT Fund Administrator
 Service Contract Education and Training Trust Fund
 905 - 16th Street, NW, 7th Fl
 Washington, DC 20006
 1-877-724-5060 (toll free) 304-724-5060 (toll) 304-724-5061 (fax)
bvia@scettf.org (e-mail)

Read the entire application and remember to sign it at the end. Contact the SCETT Fund Administrator if you have any questions about the application or rules.

Section 1

All applicants must complete this Section.

Your Name:

Home Address:

Email Address:

Social Security Number:

Telephone Number:

Current Employer Name:

Current Job Site:

LIUNA Local Union No.

Seniority Date:

Section 2

If you are applying for Continuing Education Course benefits, answer the following questions. If not, go on to the next section.

Name of course:

Type of course (check one): IEHA BSCAI ServSafe GED ESL Other

If you check "Other", please describe the course on the following line:

Name of organization:

Organization address:

Organization's telephone number:

Date of enrollment in course (if already enrolled):

If not yet enrolled, date you plan to enroll:

Tuition or fee for course: \$

Cost of course materials: \$

Have you already paid the tuition, fee and/or cost of materials?

If so, how much? \$

Please submit to the SCETT Fund with your application the following documentation:

- (1) Copy of an announcement or advertisement from the sponsoring organization describing the course, if available.
- (2) Receipt, invoice, or other documentation of the cost of the course and/or course materials and of any payments you have made towards these costs.
- (3) Any other information that you want the SCETT Fund to consider in reviewing your application.

Section 3

If you are applying for Post-Secondary (College) Education Tuition Assistance Benefits, answer the following questions. If not, go on to the next section.

Name of educational institution:

Institution's address:

Name and telephone number of Registrar or other contact person at the institution:

Describe your course of study:

Date of enrollment (if already enrolled): Which semester?

If not yet enrolled, date you plan to enroll: Which semester?

Student number (if any):

Tuition or fee for semester: \$

Cost of books, supplies, materials for semester: \$

Have you already paid the tuition, fee, cost of materials? If so, how much? \$

Please submit to the SCETT Fund with your application the following documentation:

- (1) Documentation that you have enrolled as a student at, or have been accepted for enrollment at, the educational institution.
- (2) Receipt, invoice, or other documentation of the cost of the tuition, fee, books, and other materials, and of any payments you have made towards these costs.
- (3) Any other information that you want the SCETT Fund to consider in reviewing your application.

Section 4

If you are applying for Incidental Benefits, answer the following questions. If not, go on to the next section.

Which incidental benefit are you applying for?

- _____ IEHA re-certification fee
- _____ IEHA standard annual membership fee
- _____ BSCAI re-certification fee
- _____ BSCAI standard annual membership fee
- _____ ServSafe certification fee

For what year or other period of time?

Have you already paid the fee? If yes, how much? \$

Please submit to the SCETT Fund with your application the following documentation:

- (1) Documentation that you entitled to IEHA or BSCAI re-certification, to ServSafe certification, or to membership in IEHA or BSCAI, depending on which benefit you are applying for.
- (2) Receipt, invoice, or other documentation of the fee amount and of any payment you have made towards the fee.
- (3) Any other information that you want the SCETT Fund to consider in reviewing your application.

Section 5

By signing and submitting this application for benefits to the SCETT Fund, I certify that the information I have provided in and with the application is true and complete. I understand that my eligibility for and entitlement to benefits from the SCETT Fund is governed by the SCETT Fund's rules as adopted by its Board of Trustees.

In addition, I agree to provide the SCETT Fund with all information that it needs to determine my eligibility for benefits, to determine the amount of the benefits for which I am eligible, or to otherwise administer the educational benefits program.

Further, I hereby authorize any educational institution or other organization identified in this application to provide to the SCETT Fund Administrator documents and other information regarding my application for enrollment or my enrollment in the institution or in courses sponsored by the organization. This information includes, but is not limited to: the dates of my enrollment, acceptance or application; the course(s) I have enrolled in or taken; the tuition, fees or other costs charged to me; and my payments towards those costs.

Employee's Signature: _____

Date: _____