



# CAREER DEVELOPMENT PROGRAM

Please fill out numbers 1 through 5 and return to our office.

## TUITION ASSISTANCE REQUEST FOR VOUCHER



### 1. PLEASE TELL US ABOUT YOURSELF:

Name: \_\_\_\_\_ Plant Site: Midwest Plant

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Plant Phone: \_\_\_\_\_ USWA Local # \_\_\_\_\_

Social Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Badge #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 2. PLEASE TELL US ABOUT THE SCHOOL YOU PLAN TO ATTEND:

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

### 3. PLEASE TELL US ABOUT YOUR STUDY PLANS:

Degree Seeking: \_\_\_\_\_

Describe each course covered by this tuition assistance request:

Course Name:	Course Number:	Credit Hours:	Course Amount:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Term starts on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Term ends on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 4. I AGREE THAT:

- ❖ Books must be applied for separately with an Official Book Reimbursement Certificate.
- ❖ Career Development does not discriminate against sex, race or religion.
- ❖ I'm not receiving tuition assistance from other source, or have not previously taken this course with Career Development Funds.
- ❖ Career Development does not pay for parking.
- ❖ I will attend class on my own time.
- ❖ When I finish the above classes I will provide Career Development with proof of satisfactory completion.
- ❖ If no proof of satisfactory completion is provided to Career Development I will not receive further tuition assistance.

### 5. PLEASE TELL US ABOUT YOUR TUITION:

Tuition: \$ \_\_\_\_\_

Course Related Fees: \$ \_\_\_\_\_

**TOTAL REQUESTED** \$ \_\_\_\_\_

### 6. PLEASE RETURN THIS FORM TO:

CAREER DEVELOPMENT  
1919 Willowcreek Road, Portage, IN 46368  
Attn: Tracy Clark  
(219) 762-1010 / Fax (219) 762-5519

Student Signature \_\_\_\_\_ Date \_\_\_\_\_