



SEIU UHW - WEST & JOINT EMPLOYER  
EDUCATION FUND

# WANT TO GET PAID WHILE YOU'RE IN SCHOOL?



## ***JOIN THE STIPEND PROGRAM!***

If you are currently enrolled or accepted in an accredited RN, Allied Health or Technical Education Program for **Fall 2012**, then you may be eligible to **receive paid time off from work\*** to attend school and study!

\*one shift per week or 8 hours, whichever is greater.

**Deadline is July 6, 2012**

Visit our website to apply online:  
**[WWW.SEIU-UHWEDUC.ORG](http://WWW.SEIU-UHWEDUC.ORG)**

Check us out on Facebook at:  
**[FACEBOOK.COM/EDUCATIONFUND](https://FACEBOOK.COM/EDUCATIONFUND)**

**Got Questions?**

Call toll-free: 888-872-4606

See reverse for application

**STIPEND PROGRAM APPLICATION • FALL 2012**

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

- 1) Work in a participating SEIU bargaining unit position for a contributing employer.
- 2) Be a regular full- or part-time employee eligible for benefits.
- 3) Have completed your initial probationary period.
- 4) Enrolled or accepted in to **accredited** Registered Nurse, Allied Health Professional or Technical Education Program for the Fall 2012 Term that is between 9 months and 2 years long

**Please note: This program is not for completion of prerequisites. Selection for the Stipend Program is limited, and based on eligibility criteria and availability of funding.**

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

**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			HAVE YOU APPLIED BEFORE? <input type="checkbox"/> YES WHICH SEMESTER: _____ <input type="checkbox"/> NO		BEST TIME TO CALL	

**2. SCHOOL AND PROGRAM INFORMATION**

NAME		**ACADEMIC PROGRAM NAME (RN, RAD TECH, ETC)	**ONLINE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS		ACADEMIC PROGRAM CONTACT NAME	**SELF -PACED PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	ZIP CODE	ACADEMIC PROGRAM CONTACT PHONE ( )
		ACADEMIC PROGRAM START DATE	ESTIMATED GRADUATION DATE(MM/DD/YY)
WHAT POSITION ARE YOU LOOKING TO UPGRADE TO AFTER GRADUATING FROM YOUR ACADEMIC PROGRAM?			

**3. EMPLOYMENT INFORMATION**

EMPLOYER		FACILITY	DEPARTMENT
DATE OF HIRE _/_/___	ORIGINAL HRS	JOB TITLE	
BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	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"/> 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

DATE

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

- Completed Program Application 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 2012** enrollment

You can still submit your application if they are not available and send in the proof later.

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

\*\*REQUIRED ***Incomplete 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**

**July 6, 2012 to: STIPEND**

360 22<sup>ND</sup> STREET, SUITE 200

OAKLAND, CA 94612

Fax: 1-866.727.1982

(include cover sheet Attn: **STIPEND**)

For more information, call 888.872.4606