USW LOCAL 9231 & 9231-01 I/N TEK & I/N KOTE ICD Learning Center

**TUITION ASSISTANCE PROGRAM APPLICATION**

*IMPORTANT: Before completing the application, read the front and back. Please print or type your information*

  **

**Application Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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| **1. Please tell us about yourself:**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Yes\_\_ or No\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **2. School/Institution you plan to attend:**Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Please tell us about your study plans:**Program Type: \_\_\_ Certificate \_\_\_Associate Degree \_\_\_ Bachelor Degree \_\_\_ Graduate Degree \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Term starts on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Term ends on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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| **Course Name:** | **Course Number:** | **Credit** **Hours:** | **Cost Per** **Credit Hour:** | **Total Cost:** |

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| **4. I agree that:*** This request does not include tuition assistance from any other sources.
* I will attend classes on my own time.
* When I finish my studies, I will send proof of completion, such as a grade report, to the ICD Learning Center.
* I hereby authorize the above named school to release the grades and/or proof of completion.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | **5. Please tell us about your tuition:**Total Tuition\*: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Assistance Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\* Do not include non-mandated books, equipment, parking or other non-tuition costs.* |

**6. Please remit this form via mail or e-mail to:**

ICD Learning Center or Jennifer.Kuzdas@ArcelorMittal.com

7071 E. S.R. 2

**For Office Use:**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Total Amount Approved: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voucher Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuance 14: \_\_\_ Yes \_\_\_No Issuance 15: \_\_\_Yes \_\_\_No

\_\_\_ Called: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funds Remaining: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Carlisle, IN 46552

USW LOCAL 9231 & 9231-01 I/N Tek & I/N Kote ICD Learning Center **TUITION ASSISTANCE PROGRAM**

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 **PROGRAM OBJECTIVE:** The purpose of the Tuition Assistance Program (TAP) is to provide support for the education, training, and personal development of bargaining unit Team Members of I/N Tek & I/N Kote*. As per the guidelines set by the Governing Board that oversees all career development programs, Tuition Assistance courses with the primary purpose of recreation or personal enjoyment, rather than career or educational development are not eligible for tuition assistance funding.*

**ELIGIBILITY:**

* Active Local 9231 & 9231-01 Team Members
* Laid off Local 9231 & 9231-01 Team Members, who have not broken service (laid off for less than two consecutive years)

**PROGRAM GUIDELINES:**

* Any Team Member who has previously utilized TAP must submit final grades to the local ICD Coordinator before **this** application can be processed.
* The use of such funds will be limited to tuition costs, course-related fees, and mandated books (books are reimbursed after proof of completion of the course – see the **Book Reimbursement Guidelines**). TAP funds will not be used to pay for such things as monetary incentives, supplies, equipment costs, parking/recreational fees, diplomas, graduation fees, late fees or tests given by a third party.
* Tuition aid will include assistance for both degree-seeking and non-degree-seeking courses.
* The annual limits will be:
	+ Twenty percent of the company’s career development contribution, which is not accumulative year to year.
	+ A total of $1,800.00 per eligible worker which is not accumulative from year to year for courses taken through an **institution certified by a recognized accreditation agency** or approved by the Corporate ICD.
	+ TAP funds are available on a first come, first served basis. Once the 20% annual limit is reached, no further tuition assistance is available for the year.
* If a Team Member demonstrates consistent lack of completion or failure of courses (2 or more in a 12 month period); any application for additional tuition assistance will have to be approved by Local Joint Committee (LJC). Penalties may include waiting for 6 months (from the end of the course) before applying for additional TAP funds, and/or the completion of courses at a Team Member’s expense before applying for additional TAP funds.
* TAP funds will not be used to repeat courses.

**APPLICATION PROCEDURE:** Applications should be completed as soon as all necessary information is available from the accredited institution selected. Also, to facilitate the selection of courses, a Team Member should request assistance from the counselor of the institution he/she wishes to attend. In order for a Team Member to participate in the Tuition Assistance Program, he/she must:

1. Complete an application and submit it along with the official school registration form to the ICD Coordinator.
2. Complete an Educational Development Plan (EDP) if the course falls under the Restricted Personal Development category and is not a requirement for a degree.
3. Receive approval of such application (subject to the guidelines of the TAP) from the ICD Coordinator and/or LJC. An approval voucher given to the Team Member within two weeks.
4. It is the Team Member’s responsibility to sign and deliver the voucher to the institution for billing purposes.

Payment will be made directly to the institution upon receiving a returned signed voucher and invoice, if any agreement exists to do so with that institution. Otherwise, a Team Member is responsible to make (out of pocket) payment to the institution. A Team Member will receive reimbursement for tuition costs upon providing evidence of successful completion of course and proof of payment.

To avoid a delay in processing an application, make sure all requested information is provided and the application is signed and dated. Applications must be submitted to LJC **at least three weeks** prior to enrollment period.

*See Book Reimbursement Application for more on book reimbursement.*

*Consult the ICD Coordinator for information on Subscription Learning Programs and Correspondence Schools.*

ICD Learning Center - 7071 E. S.R. 2, New Carlisle, IN 46552 - 219.778.2287 - Jennifer.Kuzdas@ArcelorMittal.com

*Updated: 6/1/2016*