

**USW LOCAL 1010/CLEVELAND CLIFFS
RETIREE TUITION ASSISTANCE PROGRAM APPLICATION**

IMPORTANT: Before completing application, read both pages. Please print or type your information.

1. Please tell us about yourself:

Name: _____
 Address: _____
 City/State/Zip: _____
 E-mail: _____
 Payroll Number: _____
 Date of Birth: _____
 Home Phone: _____
 Cell Phone: _____

Today's Date: _____

For Office use:

Voucher Number: _____
 Issuance 14: Yes No Issuance 15: Yes No
 Called: _____ Paid: _____
 Mailed: _____ Funds Remaining: _____
Notes:

2. School/Institution you plan to attend:

Name: _____ Address: _____
 Department: _____

3. Please tell us about your study plans:

Program type:
 Certificate
 Associate degree
 Bachelor degree
 Graduate degree
 Other: _____

Terms starts on: _____ Terms ends on: _____

<u>Course</u>	<u>Course Number</u>	<u>Credit Hours</u>	<u>Cost per Credit hour</u>	<u>Online Y/N</u>	<u>Total Cost</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. I agree that:

- This request does not include tuition assistance from any other sources
- When I finish my studies, I will send proof of completion, such as a grade report, to the **Bernard Kleiman JobLink 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, or other non-tuition costs.*

6. Please remit this form to:

**Bernard Kleiman JobLink Learning Center
 3210 Watling Street, MC 7-200
 East Chicago, IN 46312**

For Office Use:

Approved by: _____ Date _____ Total Amount Approved _____

**USW Local 1010/Cleveland Cliffs
Retiree Tuition Assistance Program**

Program Guidelines:

You must be preapproved in order to access funds for tuition after retirement from Cleveland Cliffs. Consult the coordinator for more information. The form below must be filled out by the applicant and the office staff.

RETIREE TUITION ASSISTANCE APPROVAL FORM

Name: _____ **Payroll #:** _____

Date of retirement: _____ **Current date:** _____

For office staff only:

_____ *date of retirement verified*

_____ *previous TAP or EDP verified*

Approved _____

Denied _____