

CUPE PHCC Recruitment, Retention and Education Fund (RREF)
APPLICATION FORM

Name: _____

Street or P.O. Box: _____

City: _____ Postal code: _____

Contact numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

CUPE Local #: _____

Employer: _____

Position: _____

Date hired: _____ Full time Part time Casual

Date probation completed for FT and PT:
(See checklist on the back of this form.) _____

For casual employees only. By checking this box I am confirming that I have completed 1950 hours of work. (See checklist on the back of this form.)

Educational Institution/Facility: _____

Program: _____

Title of course: _____

Start date: _____ FT student PT student

Estimated book costs: _____ Course cost: _____

Payment preference directly to: student requesting reimbursement (receipts attached to application)
 educational institution/facility by CUPE PHCC RRE Fund (sponsorship form attached to Application Form)

Courses applied for will advance you to what **CUPE** classification? **(Please respond)**

Are you eligible for any additional funding for the course applied for: yes no
If the answer is yes, please advise as to the source of the funds and the amount:

I have read the Allocation Criteria.

I agree to repay the "Fund" for all monies received should I voluntarily withdraw from the course or I am unable to enroll in the course.

SIGNATURE

DATE

BEFORE MAILING IN THIS APPLICATION **BE SURE TO INCLUDE THE FOLLOWING DOCUMENTS** OR YOUR APPLICATION FORM WILL **NOT** BE PROCESSED.

1. Proof of employment letter from your employer:

For full-time or part-time employees, the letter must include date of hire and the date your probationary period was completed. **Pay stubs do not qualify.**

OR

For casual employees, the letter must indicate you have completed 1950 hours of work.

2. Proof of registration with one of the following documents:

An Educational Institution/Facility Sponsorship Form.

OR

An Acceptance Letter to the course(s).

OR

Applicable receipt(s) for payment of tuition and/or books, lab fees, etc.

Mail to:

CUPE RREF
c/o 703 – 275 Broadway
Winnipeg, MB
R3C 4M6

For Internal Use Only	
Review of application for financial assistance from the CUPE PHCC Recruitment, Retention and Education Fund	
Date application received:	_____
Date funding approved:	_____
Amount approved:	_____
Date letter sent to recipient:	_____
Cheque #:	_____