

# Local 2627 Education Fund

55 Water Street, 23rd Floor  
New York, NY 10007  
212-815-1932

## Application for Tuition and Certification Reimbursement

SSN #	Last Name	First Name	M.I.

Address Number and Street	Apt. #	City and State	Zip Code	Home or Cell Phone

Job Title	Employer	Employer Address	Work Phone

Check Applicable Term (Check Only One)	Starting Date	Ending Date
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <small>Year                      Year                      Year                      Year</small>	____/____/____ <small>Month Day Year</small>	____/____/____ <small>Month Day Year</small>
College/ University/Institution Enrolled (Name and Address)	Degree Status	
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Credit	

### List Below Courses / Certification Taken for This Term

Credit Courses			Non-Credit Courses	
Course #	# Of Credits	Title	Course #	Title

Fees	
Tuition	\$
Registration or Consolidated Fee	\$
<b>Total Fees</b>	<b>\$</b>

For Office Use Only	
Proof of Completion	Amount Refunded
GR <input type="checkbox"/> _____ By _____	\$ _____
Rec <input type="checkbox"/> _____ By _____	By _____
Aid <input type="checkbox"/> _____ By _____	By _____

\_\_\_\_\_  
**For Office Use Only**

I Hereby Declare That The Above Statements Are True.

Member's Signature X \_\_\_\_\_ Date \_\_\_\_\_