



CHARLES ENSLEY EDUCATIONAL CLAIM FORM

For Office Use Only
Eligibility check _____

Member's Last Name:		First Name:		Mid. Int.	Social Security No.	
Home Address:			Apt No.:	City:		State: Zip Code:
Payroll Title:	Department :	Work Locations:		Office Phone:	Home Phone:	
Educational Level (Circle) College: 1yr 2yrs 3yrs 4yrs BA BS Other _____ High School Grad. or Equiv. or Yr. Completed 4, 5, 6, 7, 8, 9, 10, 11						

A. COMPLETE THIS SECTION FOR TUITION REIMBURSEMENT (Check Applicable Benefit).

College Degree Course	<input type="checkbox"/> Specialized Course	<input type="checkbox"/> Vocational / Technical Course
<input type="checkbox"/> BA	<input type="checkbox"/> Computer Course	<input type="checkbox"/> Prep. Course for Certification Exam
<input type="checkbox"/> BS	<input type="checkbox"/> Conversational Language Course	<input type="checkbox"/> Course for Non-High School Grad.
<input type="checkbox"/> AA	<input type="checkbox"/> Computer Seminar	<input type="checkbox"/> Other Educational Benefit

NAME OF COURSE(S)	COURSE NO.	NO. CREDITS	NAME OF COURSE(S)	COURSE NO.	NO. CREDITS

Name & Address of College, University or School in which you enrolled:	Check Applicable Term:	
	<input type="checkbox"/> Fall 20 _____	<input type="checkbox"/> Spring 20 _____
Course Division or Department:	<input type="checkbox"/> Winter 20 _____	<input type="checkbox"/> Summer 20 _____

Date Term Started	Date Term Ended	Total Tuition \$ _____	Total Tuition Paid By You \$ _____
Mo. Day Yr.	Mo. Day Yr.		

Did you, or will you receive part or full scholarship, TAP, CAP, BEOG or other Tuition Assistance : Yes No How Much? \$ _____

1. ATTACH ORIGINAL PROOF OF PAYMENT: the bursar's receipt, cancelled check or statement from the institution of learning indicating the tuition which has been paid.
2. ALSO ATTACH DOCUMENTATION VERIFYING YOUR ENROLLMENT, DATED AT LEAST 5 WEEKS FROM START OF CLASS, LISTING THE COURSE(S) IN, WHICH YOU HAVE ENROLLED, AND INDICATING THAT YOU HAVE ATTENDED THE LISTED COURSE(S).

B. COMPLETE THIS SECTION FOR REGISTRATION FEES FOR JOB-RELATED CONFERENCES.

Title of Job - Related Conference:	Sponsoring Organization :	
Date Started	Date Ended	Registration Fee Paid \$ _____
Mo. Day Yr.	Mo. Day Yr.	

C. COMPLETE THIS SECTION FOR MEMBERSHIP FEES FOR JOB-RELATED PROFESSIONAL ORGANIZATIONS.

Date Started	Date Ended	Name of Professional Organization :	Fee Paid: \$ _____
Mo. Day Yr.	Mo. Day Yr.		

I certify that the information given is correct and authorize release of any information necessary to process this claim.	Signature of Applicant:	Date: