

ALLIED BUILDING METAL INDUSTRIES, INC.  
270 Madison Avenue, Suite 401  
New York, New York 10016

Posted on [www.alliedbuilding.org](http://www.alliedbuilding.org)



**EDUCATIONAL ENHANCEMENT PROGRAM  
APPLICATION**

**1. APPLICANT**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_

**2. EMPLOYMENT**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) (State) (Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Local Union (if applicable): \_\_\_\_\_

Number of years or months  
employed with employer: \_\_\_\_\_  
( ) Years ( ) Months

**3. EDUCATIONAL ENANCEMENT COURSES**

Name of Course: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Educational Institution attended: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Cost of Course: \_\_\_\_\_

Amount of Reimbursement (if any)  
from Employer: \_\_\_\_\_

Please provide a brief description of the course and how it relates to the steel or ornamental metal erection industry.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade achieved: \_\_\_\_\_ (To be completed only upon course completion.) **(PLEASE PROVIDE COPY OF TRANSCRIPT.)**

Cost of Course: \_\_\_\_\_ (To be completed only upon course completion.) **(PLEASE PROVIDE RECEIPTED, PAID BILL[S].)**

**THIS APPLICATION WILL NOT BE ACCEPTED OR PROCESSED WITHOUT PROOF OF SUCCESSFUL COMPLETION OF COURSE AND RECEIPTED, PAID BILL.**

Please send completed application to:

**ALLIED BUILDING METAL INDUSTRIES, INC.**  
c/o **Steven N. Davi**, Executive Director  
270 Madison Avenue | Suite 401 | New York, NY 10016  
**T** (212) 697-5551 | **F** (212) 818-0976 | **C** (516) 361-8211 | [sdavi@alliedbuilding.org](mailto:sdavi@alliedbuilding.org)

**PLEASE NOTE:** The Application process is a two-part procedure. *First*, you must first submit an application for benefits prior to taking the course. You will be notified, by return of a copy of this application, whether your application is approved. *Second*, in the event your application is approved, it must be returned, with supporting documentation within ninety (90) days of course completion.

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I acknowledge and agree the Educational Enhancement Awards Committee reserves the right to interpret all rules and regulations regarding the Educational Enhancement Program; any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee, which shall be considered final and binding.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Authorized Employer  
Signature and Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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[FOR AWARDS COMMITTEE USE ONLY]

\_\_\_\_ The Course set forth herein has been provisionally approved for tuition reimbursement in the amount of \$\_\_\_\_.<sup>1</sup>

\_\_\_\_ The Course set forth herein has not been approved for tuition reimbursement.

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Date)

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<sup>1</sup> In the event this form is returned to you advising the course you are planning to take has been provisionally approved, you will be required to return to Allied this form, with your grade achieved and the course cost, accompanied by all required documentation. Benefits will not be furnished until all required documentation and a fully completed form are received by the Awards Committee.