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

Posted on 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

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: _____

[FOR AWARDS COMMITTEE USE ONLY]

____The Course set forth herein has been provisionally approved for tuition reimbursement in the amount of $_____.[1]

____The Course set forth herein has not been approved for tuition reimbursement.

Reason for denial: _____

_____
Authorized Signature (Date)

[1] 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.