

APPLICATION INSTRUCTIONS

ALL DOCUMENTS MUST BE SUBMITTED *ELECTRONICALLY*

1. **READ** the ENTIRE Instruction sheet and Application, first!
2. **ALL** applications must be filled out in it's entirety with ALL supporting documents.
3. **ALL** applications must be submitted ***electronically*** to the PRESIDENT of Local 1067.
4. **APPLICATIONS** received after the ***30 day*** deadline, from when final grades are issued, ***will not*** be accepted. You must receive a grade of C or better. **NO EXCEPTIONS!**
5. ***REIMBURSEMENT of course monies is on a first-come, first-serve basis, up to \$2500.00/ per union member/dependent/spouse, per calendar year.***
6. Candidate's College/University must be a **Massachusetts** State College, University, or Community College.

If you need further information, please contact one of the following:

President Hanley @ khanley@bhcc.mass.edu - Kevin Hanley, President AFSCME Local 1067

Carolyn Mathews @ cmathews@worchester.edu - Carolyn Mathews, VP AFSCME Local 1067

Jason Raynard @ jason.raynard@bridgew.edu - Jay Raynard, Treasurer AFSCME Local 1067

Thomasine Corbett @ Tcorbett@necc.mass.edu - Tommie Corbett, Secretary AFSCME Local 1067

Sheila Kearns @ skearns1@massasoit.mass.edu - Sheila Kearns, Parliamentarian AFSCME Local 1067

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Our colleges work because *WE* do!



AFSCME Local 1067 Educational Assistance Application 2017

This form, along with the appropriate documentation must be in-hand to the President of AFSCME Local 1067, no later than **30 days** after final grades are issued. **NO EXCEPTIONS!**

A. Candidate information

Candidate is: Member Spouse Dependent

Name: _____

Address: _____

Phone: _____ Email Address: _____

B. AFSCME 1067 Member Information (Include Name and College/University where employed)

Member's Name: _____

Member's College/University: _____

Member's AFSCME membership number (if known): _____

C. Candidate's Massachusetts State College, University, or Community College Information

Name of accepted to: _____

Name of the course(s) taken: _____ Number of Credits: _____

Cost of course(s): _____ Cost of book(s): _____ Lab/Fee(s): _____

Reimbursement of course monies is on a first-come, first-serve basis. Proof of payment of invoices for classes, fees and books is required. A transcript or grade report with grade(s) of a C or better and credit earned is required.

*****ONLY ONLINE or Email applications will be accepted*****

Please send your completed Educational Assistance Application and materials to:
Kevin Hanley, President, AFSCME Local 1067 @
khanley@bhcc.mass.edu
Subject line: Educational Assistance Application

For official use only

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Approved: _____

Date: _____

