

**EDUCATIONAL TRUST FUND**  
**APPLICATION FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STATION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PLEASE INDICATE IF YOU ARE FULL-TIME OR PART TIME:

*(Part-time is defined as per article 4.3 of the Collective Agreement and eligibility is defined as per Article 4.35(b) )*

FULL TIME:  PART TIME

DESCRIBE EDUCATION/TRAINING:

EDUCATION/TRAINING OFFERED BY: \_\_\_\_\_

COURSE FEES: \_\_\_\_\_

START DATE OF COURSE: \_\_\_\_\_

ESTIMATED DATE OF COMPLETION: \_\_\_\_\_

DESCRIBE HOW THIS TRAINING/EDUCATION RELATES TO YOUR FUTURE GOALS

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU THINK RELEVANT:

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

**On completion, deliver to, or fax to Kern Goretzky at CTV Edmonton Fax No. (780) 484-4426.**

**PLEASE NOTE: a copy of the course information must be included with your application form.**

***Employees must submit claims for educational courses to the Educational Trust Fund Committee no later than 6 months after the last class attended, after completing and passing the course. Claims received after that time will not be paid.***