

EDUCATIONAL TRUST FUND
APPLICATION FORM

NAME: _____ DATE: _____

STATION: _____ DEPARTMENT: _____

PLEASE INDICATE IF YOU ARE FULL-TIME OR PART TIME:
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 Barrie Brown at CFRN-TV 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.