



MEBA TRAINING PLAN APPLICATION FOR REIMBURSEMENT OF TUITION FOR ATTENDANCE AT APPROVED COMMERCIAL SCHOOLS

INSTRUCTIONS: YOU MAY PHOTOCOPY THIS PAGE AS NECESSARY FOR SUBMISSION

- 1) A separate Application must be completed for each course.
- 2) Complete Section I and II only, sign and date the form.
- 3) Section III must be completed and signed by an authorized Union Official; Section IV by the School Director.
- 4) Attach a copy of the tuition receipt issued by the approved commercial school.
- 5) Attach a copy of the Certificate of Completion issued by the approved commercial school.
- 6) Mail this form to: **Reimbursements, Calhoun MEBA Engineering School, 27050 St. Michaels Road, Easton, Maryland 21601.**

NOTE: For training at any outside school, you must submit a course application for approval by an authorized staff member of the Calhoun MEBA Engineering School, prior to commencing the training.

Section I

Name: _____ Social Security Number: _____ - _____ - _____

Permanent Address: _____ Mailing Address: _____

Phone Number: (_____) _____ Name of Last Employer: _____

Port: _____ District Number _____ Vessel: _____

Dues Paid To: _____ Dates: _____

Receipt Number: _____

License Grade: _____ Serial No.: _____ Expiration Date: _____

Section II

Course Taken: _____

Name & Address of Commercial School: _____

Cost of Tuition: _____ Dates of Attendance: _____

I hereby certify that all the above statements are true and correct to the best of my knowledge and belief. I understand that if I make false statements and/or collect benefits fraudulently from the MEBA Training Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Training Plan.

Signature of Applicant

Date

Section III - Union Certification

For Office Use Only

I certify that the above mentioned applicant is a paid member of MEBA and had at least 30 days on the payroll of one or more employers who contributed to the MEBA Training Plan within a period of twelve consecutive months preceding the date on which the applicant applied for or commenced the course.

Signature of Authorized Union Official

Date

Please PRINT Name of Authorized Union Official: _____

MEBA Union Office Address: _____

Section IV - School Approval:

Signature of Director of Calhoun MEBA Engineering School

Date