

EDUCATION BURSARY PROGRAM

APPLICATION FORM

EMPLOYEE INFORMATION

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

SIN _____ Trade _____

Employee Phone Number _____

Employee Email Address _____

Signature _____ Date _____

Course Start Date:

Course End Date:

Level Completed:

EMPLOYER INFORMATION

Company Name _____

Address _____

City _____ Postal Code _____

Contact _____ Phone _____

Contact email address: _____

Was the applicant employed with you prior to the course start? Yes No

Did the applicant return to work for you after the course ended? Yes No

I have read and accept the terms and conditions of the Education Bursary Policy:

Signature _____ Date _____

Tuition Amount:

\$ _____

Cheque Payable to:

Employee

Employer

CHECKLIST

- Transcript from Training Provider
- Receipt for Tuition Paid
- Completed and Signed Application Form

**Claim forms must be submitted within 3 months
of course completion.**

Mail to Merit Contractors Association
#62 – 17th Street West
PRINCE ALBERT SK S6V 3X3

Fax to 306-764-4390

Email to info@meritsask.com

To get a copy of your tuition receipt, please email apprenticeship@gov.sk.ca

Office Use Only