MELT BURSARY PROGRAM APPLICATION FORM

Claim form must be submitted within 3 months of course completion

EMPLOYEE INFORMATION

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

S.I.N.: _____ Employee Phone No.: _____

Employee Email Address: _____

I hereby provide express consent to Merit Contractors Association Inc. to send electronic communications to the email address contained herein.

_____ _____

Signature Date

EMPLOYER INFORMATION

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Contact: _____ Phone No: _____

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 MELT Bursary Policy:

_____ _____

Signature Date

CHECKLIST

☐ Completed and signed application form

☐ Receipt for tuition paid

☐ Copy of Class 1A license

☐ Direct Deposit (EFT) authorization form

Claim form must be submitted within 3 months of course completion.

Email to: info@meritsask.com

Course Start Date:

_____

Course End Date:

_____

Tuition Amount:

_____

Tuition Payable to:

☐ Employee

☐ Employer