EDUCATION 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: _____ Trade: _____

Employee Phone Number: _____

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: _____

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 Educations Bursary Policy:

_____ _____

Signature Date

CHECKLIST

☐Transcript from Training Provider

☐Receipt for Tuition Paid

☐Completed and Signed Application Form

☐Direct Deposit (EFT) Authorization Form

Course Start Date:

_____

Course End Date:

_____

Level Completed:

_____

Tuition Amount:

$_____

Tuition payable to:

☐Employee

☐Employer

Payment Type:

☐EFT/Direct Deposit (Complete the Direct Deposit (EFT) Authorization Form)

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Email to: info@meritsask.com

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

Office Use Only