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

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:

_____ _____

Employer Signature Date

Tuition Amount:

$_____

Tuition payable to:

☐ Employee

☐ Employer

Payment Type:

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

CHECKLIST

☐ Transcript from Training Provider

☐ Receipt for Tuition Paid

☐ Completed and Signed Application Form

☐ Direct Deposit (EFT) Authorization Form

Email completed form to: info@meritsask.com

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

I understand that I must work a minimum of 150 hours with a Merit member after my training has completed before I'll be considered for repayment and that it may take up to 10 weeks for reimbursement.

_____ _____

Employee Signature Date

Office Use Only