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.: _____ 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.

Course Start Date:

_____

_____ _____

Signature Date

EMPLOYER INFORMATION

Course End Date:

_____

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Contact: _____ Phone No: _____

Contact Email Address: _____

Tuition Amount:

_____

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:

_____ _____

Employer Signature Date

CHECKLIST

☐ Completed and signed application form

☐ Receipt for tuition paid

☐ Copy of Class 1A license

☐ Direct Deposit (EFT) authorization form

Tuition Payable to:

☐ Employee

☐ Employer

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Email to: info@meritsask.com

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