



MERIT CONTRACTORS ASSOCIATION
TUITION REFUND PROGRAM

CLAIM FORM

EMPLOYER SECTION:

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Contact Name: _____ Phone Number: _____

Was the student employed with you prior to the course starting? ___ Yes ___ No

Did the student return to work for you when the course ended? ___ Yes ___ No

Employer Signature: _____ Tuition Amount: \$ _____

I have read and accept the terms and conditions of the Education Fund Policy _____(initial)

Date: _____

EMPLOYEE SECTION:

Surname: _____ First Name: _____

Social Insurance Number: _____

Trade or Occupation: _____

Training Course Taken: _____

Date of Training: From _____ to _____

Employee Signature: _____

Member company must reimburse or prepay student's tuition. Reimbursement will be made to the Merit member company and not to the employee. **Claim forms must be submitted within 3 months of course completion.**

Please allow up to 4 weeks for reimbursement. To ensure your claim is processed in a timely manner, you must provide

- A completed and signed Claim Form
- Proof of tuition payment – official receipt or transcript of marks
- a course outline for eligibility verification purposes if the course is not apprenticeship training

Please send the above documentation to:

MERIT CONTRACTORS ASSOCIATION INC.
102-70 17th Street West
PRINCE ALBERT SK S6V 3X3