



Tuition Bursary Refund Application Form

Employee Information

Name _____

Address _____

City _____ Postal Code _____

Phone Number _____

Trade/Occupation _____

SIN _____

Signature _____

Date _____

Employer Information

Company Name _____

Company Representative _____

Signature _____

Date _____

Checklist

- Proof of successful completion attached
- Proof of payment attached
- Claim form signed by both employee and employer

Details

Tuition Amount

Course Start Date

Course Completion
Date

Course/Level
Completed

Cheque payable to

Employee

Employer

Please mail or fax when completed

Allow four weeks for processing

Merit Contractors Assoc. of Manitoba

112-131 Provencher Blvd, Winnipeg, MB, R2H 0G2

Phone (204) 888-6202 Fax (204) 888-6204

Office Use Only