



Tuition Refund Program 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