



Tuition Refund Program Application Form

Employee Information

Name _____

Address _____

City _____ Postal Code _____

Phone Number _____

Trade/Occupation _____

SIN _____ Date: _____

Email Address: _____

Signature _____

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 email, fax, or mail when completed
Merit Contractors Association of Manitoba
112-131 Provencher Blvd, Winnipeg, MB, R2H 0G2
Phone: 204.888.6202 Fax: 204.888.6204
Email: admin@meritmb.com

Please allow four weeks for processing

Office Use Only