

# Neville B. Crippen

## Grant-in-Aid for Education

### APPLICANT NOTES:

- File Separate applications for each course selection at least thirty days prior to the date the course begins.
- Grants are for ONE QUARTER and applications must be filed prior to each quarter.

- 1) A sub committee of three, created by the Women's/Equal Partners Committee, who shall be the trustees of the Education & Training Assistance Fund (ETAF) of the Washington Federation of State Employees (WFSE), AFL-CIO, will administer the program. The Treasurer of the Council will serve as an ex officio member.
- 2) All funds set aside for the program shall be available for grants-in-aid solely for or in connection with educational purposes or the improvement of one's skills. Financial need will be a consideration.
- 3) Those eligible for grants shall be members of WFSE/AFSCME • AFL-CIO, who have been members for a period of at least six (6) months prior to application. A grant recipient shall be considered a member in good standing and dues will be waived, or the period of time the individual is a full-time student who is not receiving remuneration from the State.
- 4) All grant requests shall be decided and acted upon by the committee, but no request shall be turned down without a majority of the committee so deciding the reasons therefore delivered in writing to the individual.
- 5) Each grant request shall be submitted to the committee on the form it adopts at least thirty days prior to the date the course begins. Said form shall contain a "use of funds" statement.
- 6) The treasurer of each local union or nominee shall be provided with grant applications.
- 7) All grant funds shall be deposited in a commercial bank or credit union in Olympia WA until disbursed by check for approved grants.
- 8) The maximum grant to any one individual shall be the quarterly or semester registration fee at the school of choice, plus \$100 allowance for connected expenses upon presentation of receipts (such allowance to include documentation of past experience). The tuition grant to any one individual shall not exceed \$300 per quarter.
- 9) The Women's/Equal Partners Committee of Council #28 shall periodically review the administration of the grant program to determine if amendment to the rules is necessary.
- 10) No amendment to these rules shall be effective without first being approved by the Executive Board, or temporarily approved by the Executive Committee of the Board until the next meeting of the Executive Board.

Adopted 1/18/75; 11/8/75; 8/7/76; 9/29/94; 5/1/98; 2/24/07

WASHINGTON FEDERATION OF STATE EMPLOYEES, AFL-CIO

Application

## NEVILLE B. CRIPPEN GRANT-IN-AID

Offered by the Women's/Equal Partners Committee

Applicant's name: \_\_\_\_\_ Agency: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
STREET CITY ZIP

Are you receiving any other tuition assistance?  YES  NO

Current Job Class: \_\_\_\_\_ Status: FullTime PartTime Number of Hours Weekly: \_\_\_\_\_

Member of Local Union # \_\_\_\_\_ Date Joined Union: \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Approximate combined net income per month \$ _____	Give pertinent information regarding your financial obligations (ie amount of rent/mortgage payment, child support, car payment, utilities, loans, etc.) and other income (ie interest income, child support) that would be helpful in assessing you financial need. Attach additional page if necessary. This section is very important.

What are you immediate career goals? \_\_\_\_\_

How many further requirements are there for completing you immediate career goals? \_\_\_\_\_

Name of Course requested: \_\_\_\_\_ Name of Institution/School: \_\_\_\_\_

How does this course relate to your career goals? \_\_\_\_\_

Credit Hours per quarter: \_\_\_\_\_ Dates of Course: \_\_\_\_\_ Number of times class will meet: \_\_\_\_\_

Costs associated with course: Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Misc \$ \_\_\_\_\_

Miscellaneous costs details: \_\_\_\_\_

For more information, call 1-800-562-6002 or (360) 352-7603. Return this application to:  
 Women's/Equal Partners Committee, 1212 Jefferson St. S.E., Suite 300, Olympia, WA 98501. FAX:(360) 352-7608.