



HEU Education Opportunity and Access Fund

APPLICATION FORM

SECTION A: ELIGIBILITY

1. Are you an HEU member? YES/ NO _____
2. Do you work in a public or private site? PUBLIC/ PRIVATE/ BOTH _____
3. Have you completed your probation period? (488 hours) YES/ NO _____

SECTION B: EMPLOYEE INFORMATION

1. Last Name _____ 2. First Name & Initial(s) _____
3. Address _____ 4. Apartment/Suite Number _____
5. City/Town _____ 6. Province _____
7. Postal Code _____
8. Cell Phone Number (include area code) _____
9. Personal Email Address _____
10. Employee Number _____
11. Immigration Status: CITIZEN/PERMANENT RESIDENT/ WORK PERMIT/ STUDY PERMIT

SECTION C: COURSE/PROGRAM INFORMATION

1. Name of School _____ 2. Location _____
3. Course Name(s)/Program and Number(s) _____

4. Course/Program Hours per Week _____

5. Course/Program Start Date (YYYY/MM/DD) _____

6. Course End Date (YYYY/MM/DD) _____

7. Registration Confirmed? YES/ NO _____

8. Are you on a waitlist? _____ Projected Start Date? (YYYY/MM/DD) _____

9. Mode of Delivery? ONLINE/ SELF-PACED/ HYBRID/ FACE-TO-FACE _____

SECTION D: CONFIRMATION OF CURRENT EMPLOYEE STATUS

1. Name of Employer _____

2. Job title _____ 3. Site. _____

4. STATUS: REGULAR FULL-TIME/ REGULAR PART-TIME/ CASUAL _____

COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION

Except as otherwise stated, personal information collected in this application form and related documents will be used to determine the applicant’s eligibility for funding from the Education Opportunity and Access Fund.

Except as otherwise stated, personal information collected may also be disclosed to third parties (including relevant educational institutions for the following purposes:

- To verify and/or investigate the accuracy of the information provided by the applicant.
- To administer any funds awarded to the applicant.

Personal information collected may also be converted into non-identifiable or aggregate form for statistical reporting purposes – for example, to report on the number of applications received; to report on the various types of study or training funded; etc.

Signature of Applicant: _____

Print Name: _____

Date Signed: (YYYY/MM/DD) _____

ATTACHMENT CHECKLIST

MAKE SURE THAT YOU INCLUDE THESE DOCUMENTS IN YOUR EMAIL. (You may submit your application without the following documents for conditional approval. Please submit documents as they become available for final approval.)

- Confirmation of course registration and confirmed start date attached (for programs with registration deadlines).
- Completed Employee Status Form attached
- Application form completed and signed.
- Confirmation of residency status (Work permit, study permit, etc.)

SUBMIT YOUR APPLICATION FORM VIA EMAIL OR REGULAR MAIL

Email: eoafinfo@heu.org

IF YOU HAVE QUESTIONS, YOU CAN CONTACT THE EOAF TEAM AT:

Email: eoafinfo@heu.org

Phone: (672) 727-0286