

Dority-Vaughn JLMC Tuition Award Program

Employee Ir	nformation					
First		Middle			Last	
Home Street Address	S			 Home Ci	ty	
Home State	Home Z	p	Email			
Phone	Date of Birth	Employer Compa	any, Home Store Nu	mber/Location	n, Address and Phone	
Hire Date		Part-time or F		ification	Union Local	
Child's Infor	mation					
Is the child below yo	ur son/daughter, foster, or	step child?	Did you claim the	em as a depen	dant on your most recent tax return?	Yes No
First		Middle			Last	
Street Address				City		
State	Zip	······································	Email			
Phone		Date of Birth		College I	Name (must be enrolled in a minimum of 12	units)
College Address					College Phone	
Return The	Application					
	pleted the on-line applica age Drive, Suite 103-Box 4			information) to	o mmurphyjlmc@outlook.com or mail a hard	d copy to:
 High school an Documentation 	d/or college transcripts; n of college acceptance an	d tuition charges tl	hat will be applicab		demic year; eeds to include your full name and the emai	l must be

- sent from the teacher's email account;
- 4) A minimum 200- word statement regarding successful labor-management relations in the workplace; and
- **5)** Documentation and statement regarding leadership and volunteerism in past 4 years.

I hereby certify that all the information I have supplied for this application and related documentation is true and correct to the best of my knowledge.

Employee's Signature:	•••••				 Date:
OFFICE USE ON					
Employee's Eligibility:	Yes			Reason for ineligibility:	
Institution's Accreditation:		Yes	No	Check Amount:	 Date Paid: