

## APPLICATION FOR LOCAL 1199SEIU TUITION DISCOUNT PROGRAM



Students requesting consideration for the Local 1199SEIU Tuition Discount Program will be required to complete this application in order to have the discount applied their account. This application must be completed for each semester and must be accompanied by validating evidence in order to be approved.

### Student Information:

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Semester: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Verification:

Student is listed on 1199SEIU Active Member List (required for this contract).

Student is enrolled in a Health Science Program for the term.

Other (please describe) \_\_\_\_\_

### Student's Financial Responsibility:

For enrollment for the \_\_\_\_\_ semester, I \_\_\_\_\_ am responsible for all tuition, fee and book charges posted to my account for the stated semester.

- I understand and acknowledge that I must be enrolled in a Health Science Program AND that I must maintain continuous active membership in Local 1199SEIU through the first day of the semester. In the event that I fail to do either, my discounted tuition rate will be reversed and my total financial obligation at the regular college rate shall become due and payable, by me, immediately.
- Failure to pay on time or satisfactorily resolve this debt will result in:
  - Punitive action by the College including, but not limited to, denial of registration privileges, and withholding the release of transcript and grade reports.
  - My account being sent to collection. If sent to collection I agree to pay the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees and court costs incurred in our collection effort.
- I understand and acknowledge that Union County College may need to release my grade(s) or other enrollment/financial information to the organization listed above. I hereby give my approval for release of this information.

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_