



# UAW-Ford Employee Tuition Plans Personal Development Application (PDA)



<b>Section I</b>	<b>Applicant Information</b> (please print with <b>BLUE</b> ink or type)				
	Name: _____ <small>(Last) (First) (Middle)</small>			Social Security #: _____	
	Address: _____ <small>(Number/Street) (City/State) (Zip)</small>			Telephone #: ( ) - _____	
Plant Name: _____			UAW Local: _____		E-mail Address: _____
<b>Section II</b>	<b>School Information (Required):</b>				
	Term Beginning Date: _____		Term Ending Date: _____		
	I wish to apply for the following: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> License <input type="checkbox"/> N/A <input type="checkbox"/>				
	School (Full Name): _____				
	School Website Address: _____		School Phone Number: _____		
School Address: _____ <small>(Number/Street) (City/State) (Zip Code)</small>					
<b>Section III</b>	<b>Course Information – (PDA on-line courses are not approved under the plan)</b>				
	Course Number	Course Name(s)	Course Hours	Check Course Location* P L S	Total Course Cost
	(1) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	(2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	(3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	*Course Location Codes: P = Plant / L = Local / S = School				Sub Total = _____
	What other aid will you be using to pay for studies? (VA, scholarship, grant, etc.)			(SUBTRACT) Financial Aid - _____	
Books, food, materials, travel, etc are not approved for tuition assistance.			<b>TOTAL PDA AMOUNT REQUESTED = _____</b>		
<b>Section IV</b>	<b>Conditions</b>				
	As an eligible UAW-represented Ford hourly employee, I apply for approval of the above course(s) under the UAW-Ford Employee Tuition Plan. I understand that (1) tuition assistance will be subject to conditions contained in the Plan; (2) I am responsible for the payment of all non-approved costs and/or fees; (3) the training is voluntary, not considered hours of work or employment and is not subject to compensation; (4) the UAW, Ford Motor Company and the UAW-Ford National Programs Center have no liability for injury or illness resulting from attending such training; and (5) the Plan will pay only that portion of tuition and approved fees <u>not</u> covered by other financial aid sources. In addition, I agree to provide whatever information may be required for the administration of the UAW-Ford Employee Tuition Plans and that continuance in the Plan is subject to meeting its provisions. I further authorize any educational institution that I may attend to release to the UAW-Ford National Programs Center any requested information pertinent to the Plan regarding my status in said institution, including the release of a transcript or other information as outlined in the Plan.				
	<b>UNSIGNED APPLICATIONS WILL BE RETURNED, WHICH DELAYS PROCESSING</b>				
	<b>(PREVIOUS EDITIONS OF THIS FORM MAY NOT BE USED AS OF 1/1/08 )</b>				
_____ Employee's Signature (please use <b>BLUE</b> ink)			_____ Date		
For Center Use					
<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> R	<input type="checkbox"/> E	<input type="checkbox"/> P	<input style="width: 50px; height: 20px;" type="text"/>

**When completed, mail to:**

**UAW-Ford National Programs Center, Tuition Assistance Department, 151 W. Jefferson Avenue, P.O. Box 33009, Detroit, MI 48232-5009**



# Instructions for Completing the Employee Tuition Plans Personal Development Application (PDA)



*Read these instructions carefully before you fill out the application form.*

<b>General</b>	<ul style="list-style-type: none"> <li>◆ Print with <b>BLUE</b> ink or type all requested information.</li> <li>◆ Fill in all of the information requested.</li> <li>◆ If you need assistance call 1-800-Ford-UAW.</li> <li>◆ This application is for Personal Development Assistance (non-credit) classes only.</li> <li>◆ The Employee Tuition Plans Program pays tuition and fees directly to the school</li> <li>◆ When your application is approved, an Official Approval Voucher will be mailed to you or printed on-line for an on- line application.</li> <li>◆ Sign and present the Voucher to your chosen school at the time you enroll. If you change/drop a course, it is your responsibility to notify the National Programs Center.</li> <li>◆ Your school will bill the National Programs Center.</li> </ul>
<b>Section I</b>	<p><b><u>APPLICANT INFORMATION</u></b></p> <ul style="list-style-type: none"> <li>◆ Any change in name or address must be submitted to labor relations at your work location.</li> <li>◆ Your Social Security Number is required for application processing.</li> <li>◆ Be sure to include the area code with your telephone number.</li> </ul>
<b>Section II</b>	<p><b><u>SCHOOL INFORMATION</u></b></p> <ul style="list-style-type: none"> <li>◆ Identify your program type.</li> <li>◆ Term <u>beginning</u> and <u>ending</u> dates must be entered and only <u>one</u> term should be applied for per application.</li> <li>◆ Enter the name, address and telephone number, and web address of the school you plan to attend.</li> </ul>
<b>Section III</b>	<p><b><u>COURSE INFORMATION</u></b></p> <ul style="list-style-type: none"> <li>◆ Be sure to list the course number(s) and title(s) as shown in the school catalog.</li> <li>◆ Enter the number of contact hours (class time).</li> <li>◆ Check the location where the course(s) will be held.</li> <li>◆ This program pays for training only. All other fees are deducted from the total approved amounts and will remain the responsibility of the student.</li> <li>◆ Add the totals of all columns and enter the sub total.</li> </ul> <p><b><u>FINANCIAL AID</u></b></p> <ul style="list-style-type: none"> <li>◆ If you will be receiving any financial aid from sources other than the Employee Tuition Plans Program, you must identify the sources and indicate the amount.</li> <li>◆ The Plan will pay only that portion of tuition not covered by other sources.</li> <li>◆ You may want to talk to the financial aid department or counselor at the school or college you wish to attend.</li> <li>◆ Failure to completely list sources of other financial aid that you receive can disqualify you from taking part in the Plan.</li> </ul> <p><b><u>TOTAL AMOUNT REQUESTED</u></b></p> <ul style="list-style-type: none"> <li>◆ Subtract Financial Aid from Sub Total and enter the Total Amount Requested.</li> </ul>
<b>Section IV</b>	<p><b><u>CONDITIONS</u></b></p> <ul style="list-style-type: none"> <li>◆ <u>Read the application carefully then sign and date the application in BLUE ink.</u> Unsigned applications will be returned, which delays processing. Mail the completed application to:</li> </ul> <p style="text-align: center;"> <b>UAW-Ford National Programs Center</b>  <b>Tuition Assistance Program</b>  <b>151 W. Jefferson, P. O. Box 33009</b>  <b>Detroit, Michigan 48232-5009</b> </p>