



# UAW-Ford Employee Vocational Retraining Assistance Plan (NVRAP) Application



Section I

Applicant Information (please print with BLUE ink or type)

Lay Off Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip)

Telephone #: \_\_\_\_\_

Plant Name: \_\_\_\_\_ UAW Local: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Section II

School Information (Required): Degree Type: GED  AA  BA  MA  PhD  Other Non Degree

Degree Program Title: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
MM/DD/YYYY

Term Beginning Date: \_\_\_\_\_ Term Ending Date: \_\_\_\_\_

School (Full Name): \_\_\_\_\_

School Website Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Section III

### Course Information

Course Number (PSY101)	Course Name(s) (Example: Intro to Psychology)	Credit Hours	Check Course Location*				Cost per Credit Hour	Lab/Fee	Total Cost
			P	L	S	O			
(1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

### Fees

Application Fee \_\_\_\_\_ Registration Fee \_\_\_\_\_ Other Fee/Explain \_\_\_\_\_ Total Fees \_\_\_\_\_

\*Course Location Codes: P = Plant / L = Local / S = School / O = Online Sub Total = \_\_\_\_\_

What other aid will you be using to pay for studies? (VA, scholarship, grant, etc.) (SUBTRACT) Financial Aid - \_\_\_\_\_

**TOTAL AMOUNT REQUESTED = \_\_\_\_\_**

Section IV

### Conditions

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 not 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.

**APPROVAL FOR CLASSES MUST BE SUBMITTED NO LATER THAN 45 DAYS FROM THE CLASS START DATE  
UNSIGNED APPLICATIONS WILL BE RETURNED, WHICH DELAYS PROCESSING  
(PREVIOUS EDITIONS OF THIS FORM MAY NOT BE USED AS OF 11/19/07)**

Employee's Signature (please use BLUE ink)

Date

A  D  R  E  P

For Center Use

\_\_\_\_\_

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 National Vocational Retraining Assistance Plan



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

<b>General</b>	<ul style="list-style-type: none"> <li>◆ If mailing in 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>◆ 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>◆ Requests for repeating a class previously paid for will be rejected</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 to process your application</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 degree and program title and reference your anticipated graduation date</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 website 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. Example = PSY101 Introduction to Psychology</li> <li>◆ Enter the number of credit hours for a college credit course</li> <li>◆ Check the location where the course(s) will be held</li> <li>◆ Enter lab fee if applicable</li> <li>◆ Add the totals of all columns and enter the sub total</li> <li>◆ Complete applicable fee information/explanation</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 and approved fees 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> <p>Please Note: Total tuition use per year may not exceed \$5,250 total ETAP/NVRAP or NVRAP only.</p>
<b>Section IV</b>	<p><b><u>CONDITIONS</u></b></p> <ul style="list-style-type: none"> <li>◆ Approval for classes must be submitted no later than 45 days from the class start date</li> <li>◆ <u>Read the application carefully then sign and date the application in BLUE ink.</u> Unsigned applications will be returned, which delays processing</li> </ul> <p style="text-align: center;"><b>Mail the completed application to:</b>  <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>