

**IFCA Tuition Sponsorship Application**

(Reimbursement is subject to Approval and Availability)

PLEASE PRINT THIS FORM OUT AND COMPLETE THOROUGHLY.

1. NAME: \_\_\_\_\_  
ADDRESS (include City & State): \_\_\_\_\_  
\_\_\_\_\_  
TEL NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_
2. OCCUPATION / POSITION: \_\_\_\_\_  
UNION/LOCAL (IF APPLICABLE): \_\_\_\_\_  
LENGTH OF EMPLOYMENT: \_\_\_\_\_
3. CURRENT or MOST RECENT EMPLOYER: \_\_\_\_\_  
ADDRESS & TELEPHONE NO.: \_\_\_\_\_  
DATE OF LAST EMPLOYMENT: \_\_\_\_\_
4. PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS & TELEPHONE NO.: \_\_\_\_\_
5. COURSE SELECTION INFORMATION -- DATE COURSE BEGINS: \_\_\_\_\_  
INSTITUTION & TELEPHONE NO.: \_\_\_\_\_  
\* COURSE TITLE AND NUMBER: \_\_\_\_\_
6. APPLICANT'S SIGNATURE: \_\_\_\_\_
7. EMPLOYER'S SIGNATURE/APPROVAL: \_\_\_\_\_

*\* If there are any prerequisites which must be satisfied prior to registration, you are responsible to contact the Institution directly to see if you qualify.*

**RETURN COMPLETED APPLICATION TO:**

IFCA  
530 E. Swedesford Rd., Ste. 106  
Wayne, PA 19087

Office: (610) 225-1050  
Fax: (610) 225-1052

REMINDER: Applicants must comply with IFCA's Educational Guidelines! The day class begins, students have thirty (30) days to mail IFCA a copy of the completed Tuition Sponsorship Application.