



EDUCATIONAL ENHANCEMENT PROGRAM

RULES

1. The Allied Building Metal Industries, Inc., Educational Enhancement Program is open to all full-time employees of Allied Building Metal Industries, Inc., or of contributing employers to the industry's advancement funds. Included as eligible applicants are members in good standing of Structural Iron Workers Local Unions Nos. 40 & 361 and of Ornamental Iron Workers Local Union No. 580.

No owners of Allied members or of contributing employers are eligible for the program nor are any paid officers or agents of the above labor organizations.

2. Awards will be made by the Educational Enhancement Awards Committee to applicants who have successfully completed a course from an accredited educational institution that is technical in nature and related to the iron working industry. Successful completion shall be determined in accordance with the standards set forth by the educational institution.
3. Annual awards will be granted up to a maximum of \$1,000.00 per employee. The sum awarded may or may not cover the full cost of tuition. Awards shall be made to a maximum of two eligible employees per employer per year and will be granted only upon the submission of a completed application form accompanied by proof of successful course completion and a receipted paid bill.

Awards will be made every six (6) months in June and December of each calendar year. In order to be eligible for a June award, initial applications must be received by the Allied office prior to the preceding December 31 and the course must be completed by June 30. In order to be eligible for a December award, initial applications must be received by the Allied office prior to the preceding July 31 and the course must be completed by December 31.

The Application process is a two-part procedure. *First*, you must first submit an application for benefits to Allied prior to your beginning the course. You will be notified whether or not your application is approved. Such notification will be given to you by the Committee, which shall return to you a copy of your application signed by an authorized representative. If approved, you will only receive benefits upon re-submission of the application to the Committee as set forth above. *Second*, final applications must be submitted to Allied within ninety (90) days from course completion.

4. The Educational Enhancement Awards Committee reserves the right to interpret all rules and regulations regarding this Educational Enhancement Program; any decision made by said Committee is final and irrevocable. Each awards applicant must be willing to accept the decision of the Educational Enhancement Awards Committee as final and binding.

5. Individuals interested in submitting an application may obtain the requisite application forms by contacting:

ALLIED BUILDING METAL INDUSTRIES, INC.
c/o **Steven N. Davi**, Executive Director
270 Madison Avenue | Suite 401 | New York, NY 10016
T (212) 697-5551 | F (212) 818-0976 | C (516) 361-8211 | sdavi@alliedbuilding.org

The Educational Enhancement Awards Committee retains the right to revise, change or cancel this Educational Enhancement Awards Program at any time without prior notice.

ALLIED BUILDING METAL INDUSTRIES, INC.
270 Madison Avenue, Suite 401
New York, New York 10016

Posted on www.alliedbuilding.org



**EDUCATIONAL ENHANCEMENT PROGRAM
APPLICATION**

1. APPLICANT

Name: _____

Social Security Number: _____

Address: _____
(Street)

(City) (State) (Zip)

Email: _____

Date of Birth: _____

Telephone No.: (____) _____

2. EMPLOYMENT

Occupation: _____

Employer: _____
(Name)

(Street)

(City) (State) (Zip)

Telephone No.: (____) _____

Local Union (if applicable): _____

Number of years or months
employed with employer: _____
() Years () Months

I acknowledge and agree the Educational Enhancement Awards Committee reserves the right to interpret all rules and regulations regarding the Educational Enhancement Program; any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee, which shall be considered final and binding.

Date: _____

Signature: _____

Employer Name: _____

Authorized Employer
Signature and Title: _____

Print Name: _____

[FOR AWARDS COMMITTEE USE ONLY]

____ The Course set forth herein has been provisionally approved for tuition reimbursement in the amount of \$____.¹

____ The Course set forth herein has not been approved for tuition reimbursement.

Reason for denial: _____

Authorized Signature (Date)

¹ In the event this form is returned to you advising the course you are planning to take has been provisionally approved, you will be required to return to Allied this form, with your grade achieved and the course cost, accompanied by all required documentation. Benefits will not be furnished until all required documentation and a fully completed form are received by the Awards Committee.