



DIRECTIONS: Print this form, complete it, attach breakdown of tuition, fees, equipment and supplies from the school catalogue/brochure and send by mail or fax to:
Address: **The Alliance FAD Program, 80 Cottontail Lane, Suite 220, Somerset, NJ 08873** For more information call: **(800) 323-3436, Fax (732) 563-1724**

I. APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	INITIAL:	<input type="checkbox"/> AT&T CWA <input type="checkbox"/> AT&T IBEW	<input type="checkbox"/> Nokia <input type="checkbox"/> Avaya	HRID# <u>or</u> ATTUID#:	TERMINATION DATE:
------------	-------------	----------	---	--	--------------------------	-------------------

HOME ADDRESS (Street/Unit# and City/State/Zip): _____ Phone: () _____ - _____
 Cell Phone: () _____ - _____

II. SERVICE PROVIDER OR SCHOOL INFORMATION - TYPE OF EXPENSE (check one): OUTPLACEMENT RELOCATION TUITION TRAINING RELATED COMPUTER

SERVICE PROVIDER (Company or School Name):	CONTACT PERSON:	Phone: () _____ - _____
--	-----------------	------------------------------

SERVICE PROVIDER/SCHOOL BILLING ADDRESS (Street/Unit# and City/State/Zip): _____

III. EXPENDITURE INFORMATION (Additional Fees Required – Such As Books, Uniforms, Relocation Expenses & Equipment)

DESCRIPTION OF TRAINING / SERVICE	TRAINING OR SERVICE START DATE	COST
1)		\$
2)		\$
3)		
EQUIPMENT DETAILS (LIST OUT ITEMS HERE)	PURCHASE DATE	COST
1)		\$
2)		
3)		
PAY TO (check one): <input type="checkbox"/> Reimburse Applicant <input type="checkbox"/> School/Service Provider		TOTAL COST: \$

IV. CONDITIONS

I am applying for the above expenditures under the FAD Program. I understand that 1) Prepayment(s) (*Tuition only*) or reimbursement(s) will be subject to the conditions contained in the agreement, and 2) I am responsible for payment of all non-approved costs. In addition, I agree to provide whatever information may be required for the administration of The Alliance FAD Program subject to meeting its provisions. Failure to complete a course required for equipment purchase reimbursement will result in a repayment liability.

Applicant's Signature:	Date:
------------------------	-------

OFFICE USE ONLY <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> R	COST \$ _____
---	----------------------