

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION

2017 STUDENT DEBT REDUCTION PROGRAM

APPLICATION FORM FILING DEADLINE: June 30, 2017

Name of Member _____
Last First Middle

Home Address:

Street City State Zip Code

E-mail _____

Date of Birth _____ Sex: M _____ F _____

SS# / SI# _____ Telephone _____

Member/Associate Member Employed By _____

OPEIU Local Union Number _____

Name of Financial Institution: _____

Loan Statement Enclosed Associate Degree _____ Undergraduate Degree _____
Year Year

Balance of Loan as of the date of this application _____

Signature of Member _____ Date _____

Applicant must be a dues paying member of OPEIU for at least one year and application must be endorsed by the Local Union President, Secretary-Treasurer or other authorized officer attesting the member or associate member is in good standing, having paid dues for 12 out of the last 14 months on the date of the award. Such endorsement must be obtained from the Local Union BEFORE the application is submitted to the International Union.

Signature of Local Union President, Secretary-Treasurer or other authorized officer:

Date _____

Local Union Number _____

(Print Name and Title of Signing Officer)

**SEND APPLICATION TO:
Student Debt Reduction Program
Office & Professional Employees International Union
80 Eighth Avenue, Suite 610
New York, NY 10011
Telephone: 212.367.0902**