



DATE : January 10, 2018  
TO: ASSOCIATE MEMBERS  
FROM: CAROL L. HERON – OPERATIONS ADMINISTRATOR  
SUBJECT: EDUCATION REIMBURSEMENT PROGRAM

The following are the terms and conditions for reimbursement of educational costs from The Building Contractors Association of South Jersey:

**Associate Member:**

(Associate Member Firms, i.e., vendors, suppliers, professionals, etc., who have been a member in good standing for one year or more).

*Eligibility:* All full-time employees (salaried and hourly) having worked 1200 hours within the last 12 months prior to enrolling in a course.

*Course Funding:* The BCA of South Jersey will provide 75% of educational costs for approved courses, with a maximum of **\$100.00** per year following satisfactory completion of the course.

*Course Approval:* Applicant’s course selection will be acknowledged and approved for reimbursement by both the BCA/SJ member and the BCA of South Jersey’s Education and Scholarship Committee. Courses selected are to be aimed at providing job related knowledge and skills for construction personnel in both office and field operations.

*Application Form:* All application forms are to be submitted with proof of payment and proof of satisfactory completion of course. Incomplete applications will not be accepted.

Since this exclusive member service is available to all employees of member companies who are interested in continuing their education by enrolling in the approved courses, we encourage you to post this information in a conspicuous location. Denied requests will be referred to the Board of Directors for “Special Case” consideration.

Attached is an Education Reimbursement Application Form. Should you have any questions or need additional information, please do not hesitate to call the Association Office.



**BUILDING CONTRACTORS ASSOCIATION OF SOUTH JERSEY**  
**Associate Member Education Reimbursement Application Form**

I hereby request financial tuition assistance from the Building Contractors Association of South Jersey. I agree to provide proof of payment, and verification of satisfactorily completing the course and any other information requested by the **BCA of South Jersey**.

Date \_\_\_\_\_

Name of College/University/Facility \_\_\_\_\_

Name/Code of Course \_\_\_\_\_ Amount \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

\_\_\_\_\_  
(Please print name)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Position/Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Employer Representative Signature \_\_\_\_\_

\_\_\_\_\_  
(Please print name)