



# Union Plus Driver Training Grants Application

PLEASE PRINT LEGIBLY WITH BLUE OR BLACK INK (Policy holders information)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment or Suite \_\_\_\_\_

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

International Union \_\_\_\_\_ Local Number \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

AIG Policy Number \_\_\_\_\_ Date Training Completed: month/date/year \_\_\_\_\_

Person who took training First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to policy holder \_\_\_\_\_

Type of Training: Defensive Driver \_\_\_\_\_ Senior Driver (55 Alive) \_\_\_\_\_ New Driver Training \_\_\_\_\_  Please email me Union Plus E-News with updates about my union's benefits.

Amount paid for training \$ \_\_\_\_\_

### Certification

I understand that I may be required to submit further proof of my union membership or my relationship to a union member.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail all the following required materials to **Driver Training Grants**, Union Privilege, 1125 15th Street, NW, Suite 300, Washington, DC 20005.

- Completed Union Plus Driver Education Grant Application
- Copy of the certificate for successfully completing the driver education program
- Copy of receipt showing payment of the program's fees
- Copy of your Union Plus Auto Insurance proof of insurance card

**Please help us promote this valuable program:**

If I qualify for a grant, I hereby grant permission to Union Privilege to use my name, photograph (if I choose to supply one), and my responses in its publications/website, as well as my union's publications and website with no additional compensation by the sponsors of this award program.

*Thanks for applying! Just enclose the application and the other requested materials in an envelope. Grants will be sent to qualified applicants within 8 – 12 weeks of receiving the application.*