



Hackensack
Meridian *Health*
JFK Medical Center

Muhlenberg Harold B. and Dorothy A. Snyder
Schools of Nursing and Medical Imaging

Application for Local 1199SEIU Tuition Discount Program

Students requesting consideration for the Local 1199SEIU Tuition Discount Program will be required to complete this application in order to have the discount applied to their account. This application must be completed for each semester and must be accompanied by validating evidence in order to be approved.

Student Information:

Name:	Student ID:
Address:	Semester: Fall 2024
City, State, Zip:	Phone:

Verification:

___ Student is listed on 1199SEIU Active Member List (required for this contract)

___ Other (Please describe) _____

Student's Financial Responsibility:

For enrollment for the **FALL 2024** semester, I _____ am responsible for all tuition, fee and book charges posted to my account for the stated semester.

- I understand and acknowledge that I must maintain continuous active membership in Local 1199SEIU through the first day of the semester. In the event that I fail to do so, my discounted tuition rate will be reversed and my total financial obligation at the regular tuition rate shall become due and payable, by me, immediately.
- Failure to pay on time or satisfactorily resolve this debt will result in:
 - Punitive action by JFK Muhlenberg Schools including, but not limited to, denial of registration privileges, and withholding the release of transcript and grade reports.
 - My account is being sent to a collection. If sent to collection, I agree to pay the fees of any collection agency. Which may be based on a percentage at a maximum of 17% of the debt.
- I understand and acknowledge that JFK Muhlenberg Snyder Schools may need to release my grade(s) or other enrollment/financial information to Local 1199SEIU. I hereby give my approval for release of this information.

Signature: _____ Date: _____