



Tuition Reimbursement Program-Family (TRPF) Registration Form

Family Member Name: _____

Family Member Address: _____

Family Member Phone: _____ Family Member Email: _____

AAFMCC Member Name: _____ MCC Employee ID: _____

AAFMCC Member Address: _____

AAFMCC Member Phone: _____ AAFMCC Member Personal Email: _____

Proof of Registration and Payment must be submitted with this form.

MCC Course Title & Course Number: _____

Semester (*select one*): Fall Winter Year: _____

Course Start Date: _____ Course End Date: _____

AAFMCC Member Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

Relationship of Applicant to AAFMCC Member (*select one*):

- | | | | |
|----------|------------------------------|-----------|---------------------|
| 1. child | 2. legal dependent/stepchild | 3. spouse | 4. domestic partner |
|----------|------------------------------|-----------|---------------------|

Required Documentation to Prove Relationship (must be submitted along with this registration form)

- | | | | |
|--|---------------|---|---|
| 1. birth certificate
or
tax return | 2. tax return | 3. marriage license
or
joint tax return | 4. Two proofs of shared
residency
(one current and one dating
back five years) |
|--|---------------|---|---|

Within ten days of the course start date, submit this form, along with proof of registration, payment, and relationship, via mail:

P.O. Box 183017 Shelby Twp., MI 48317

Or email to Jeff Kass:

aafmccvp@gmail.com (*please put TRPF registration form in the subject line.*)

Questions?

Contact Jeff Kass at aafmccvp@gmail.com or 313-680-6434

www.aafmcc.org