

# APPLICATION FOR ENROLMENT



## TAUMUN EMPLOYEE ASSISTANCE PROGRAM

### Please check the program(s) that you are applying for

- Child/Family Care Program  
 Health Care Program

### Applicant Information

Last Name : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Students ID : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Current Position :  Master's  
 PhD

### Application for Child/Family Care Program

Full Name of Child/Spouse:		
Date of Birth of Child/Spouse:		
Have You Enclosed the Copy of Government-Issued Identification for Child/Spouse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you included the relevant receipt(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please mention the amount you want to apply for		

### Application for Health and Dental Care Program

Do you currently have health care coverage from an employer, a graduate program, a spouse/partner's insurance, or any other source?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the Health or Dental expense accrued during the current semester?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you included the relevant receipt(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please mention the amount you want to apply for		

Have you received TAUMUN Cares Funding in the past (September 2023-Till date)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, which type of funding did you receive?  [Please select all that apply and mention the amount]	<input type="checkbox"/> Child/ Family Care Program  <input type="text"/>	<input type="checkbox"/> Health Care Program  <input type="text"/>

**Please enclose the appropriate documentation and/or receipt(s) with your application.**

I hereby certify that, to my knowledge, the contained information is correct. I also understand that the information and supporting documents provided here are for administrative purposes only and will be kept confidential by TAUMUN.

Signature of Applicant

Date