

APPLICATION FOR OFFICER INSTITUTE 1.0 2024 SUBSIDY FOR LOCALS WITH LESS THAN \$250,000 IN GROSS RECEIPTS

Applicant Name (please print)

Applying To: **Linthicum Heights, MD**

LOCAL UNION INFORMATION

Local Union

Mailing Address of Local Union

Financial or Executive Contact at Local Union (please print):

Contact's phone and email:

Local Contact Signature

CERTIFICATION

I certify that Local _____ meets one of the following requirements (please check one):

- My Local Union files the Form LM-3 or LM-4 with the US Department of Labor and has gross annual receipts that are less than \$250,000
- My Local from Canada has less than \$250,000 in gross annual receipts

Applicant's Signature

FOR OFFICE USE ONLY:	
Rec'd by _____	Approved Y N
Notified _____	
Notes: _____	

THIS FORM MUST BE ACCOMPANIED BY THE APPLICATION FROM A SPECIFIC LOCAL UNION OFFICER FOR ENROLLMENT IN THE 2024 SESSION OF THE IATSE OFFICER INSTITUTE 1.0, TO BE HELD IN LINTHICUM HEIGHTS, MD (FEBRUARY 26 - MARCH 1, 2024). SUBSIDIES ARE AWARDED ON A FIRST-COME, FIRST SERVED BASIS TO QUALIFYING CANDIDATES. SUBSIDIES, WHEN AWARDED, ARE NON-TRANSFERABLE. SUBSIDIES ARE NOT AVAILABLE FOR THE ADVANCED OFFICER INSTITUTE (2.0).