



Washington Mutual Alumni Assistance Program Re-Training Application Form

PERSONAL INFORMATION

DATE OF APPLICATION: ____/____/____

Name:

.....
Last First Middle

Street Address:

.....
Street (Apt) City, State Zip

Mailing Address:

.....
Street (Apt) City, State Zip

Telephone Numbers:

.....
() ()
Home Telephone Mobile

Email Address:

.....
How did you learn about our program?

Approximately when did you start working at Washington Mutual? (mo/yr) ____/____

Last Position Held at WM/Chase: _____ Termination Date: ____/____/____

SCHOOL OR TRAINING INSTITUTION WHICH YOU WILL ATTEND:

Name of the school: _____

Mailing Address: _____

Phone Number of Registrar's Office: _____

Amount requested (maximum \$1,000): _____ Student ID# (if available): _____

PLEASE INCLUDE COPIES OF YOUR FINAL PAY STUB* AND YOUR TERMINATION NOTICE* FROM JP MORGAN CHASE ALONG WITH YOUR CONFIRMATION OF ACCEPTANCE INTO THE EDUCATIONAL PROGRAM AND THIS COMPLETED APPLICATION AND MAIL TO:

WM Alumni Assistance Program
P.O. BOX 221007
Seattle, WA 98122-0

* If we already have your pay stub and termination notice from a prior application, please check this box, and you will only need to send in your new application and acceptance letter:

You will receive an email response if you meet the minimum eligibility criteria noted on our web site. If eligible, a check will be sent directly to the school or training institution indicated. You will be responsible for any amount above \$1,000.