

Your union strives to make your life better, both inside and outside of the workplace.

Since 2001, the UFCW 951 Foundation has been enhancing members' lives beyond the benefits and protections included in your union contract.

Your union knows working parents face numerous challenges as they juggle the demands of work and family. To ease the financial strain child care expenses can put on a family's budget, your union has proudly offered child care reimbursements to members since 2013.

The 12 winners of this award in 2024 will each receive a \$750 reimbursement for child care expenses. Three winners will be selected in the months of January, April, July and October.

If you have questions regarding the reimbursement or the application process, contact the UFCW 951 office at 1.800.999.0951.



## BOARD OF DIRECTORS

**John Cakmakci** UFCW 951

**Marisa Didur** UFCW 951

**Todd Regis** UFCW 951

**Bill Black** International Brotherhood of Teamsters

**Dr. James Martin** Wayne State University

**John Beasley** JBS

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## UFCW 951 OFFICERS

**John Cakmakci** President

**Marisa Didur** Secretary-Treasurer

**Todd Regis** Recorder

1.800.999.0951 | [ufcw951.org](http://ufcw951.org)



UFCW 951 FOUNDATION



## Child Care Reimbursement 2024

TWELVE  
**\$750**  
REIMBURSEMENTS

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To be awarded  
in 2024

**UFCW951**  
MEMBERSHIP MATTERS



## ELIGIBILITY REQUIREMENTS:

- UFCW 951 member in good standing for at least 90 days prior to being awarded a reimbursement. Winners must remain members in good standing to collect reimbursement.
- Parent or legal guardian of (a) dependent child(ren) enrolled in full-time or part-time child care.
- Child care must be provided during the member's working hours from a licensed child care center, registered group or family child care home, or legally certified child care provider.

## ANNUAL AWARDS:

- Twelve Child Care Reimbursements of \$750 each will be awarded in 2024 with three scholarships being awarded in each of the following months: January, April, July and October.
- Awards will be dispersed as reimbursements for eligible child care expenses incurred during 2024.
- Winners will be selected by a committee of representatives from the UFCW 951 Foundation and UFCW 951.
- UFCW 951 members may win a Child Care Reimbursement only once.
- Quotes from winning essays and member photos may be used in future publications.

## 2024 Child Care Reimbursement Application

This application is good for the entire calendar year. You may submit a new, updated application if your family/living circumstances change. Decisions of the selection committee are final. Only winners will be notified by UFCW 951.

Members and relatives of UFCW 951 staff, UFCW 951 Foundation Board of Directors, and past winners of a UFCW 951 Child Care Reimbursement are ineligible to receive this award.

**Attach a response of 250 words or less describing how UFCW 951 membership has benefitted your family and what this award would mean to you. Typed responses are preferred. Written responses must be legible.  
APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THE ATTACHED RESPONSE.**

### Return your completed application and response to:

UFCW 951 Foundation Child Care Reimbursement; 4045 60th St. SE; Kentwood, MI 49512.

**You may also apply online at [ufcw951.org](http://ufcw951.org). For more information, call UFCW 951 at 1.800.999.0951 or email the Communications Team at [comm.team@ufcwlocal951.com](mailto:comm.team@ufcwlocal951.com).**

### Please Print Neatly.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer and Unit #: \_\_\_\_\_ Years as a UFCW 951 Member: \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_ Number of Dependent Children Needing Child Care: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Average Number of Hours Worked Per Week: \_\_\_\_\_

List any involvement with UFCW 951 programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Don't forget to attach your typed or written response before submitting this application.**

### For office use only:

Member #: \_\_\_\_\_ Previously won a Child Care Reimbursement?  No  Yes Year: \_\_\_\_\_

Notes: \_\_\_\_\_