

CAREER ADVANCEMENT PROGRAM

Application Form



GENERAL CONTACT INFORMATION

Business Name:			FOR INTERNAL USE ONLY	
Primary Contact:			Date App Received:	
Physical Address:			Date Approved:	
Mailing Address:			Funding Amount Approved: \$	
City:	State:	Zip:	Notification of Funding:	
Work Phone:	Cell Phone:		Business Incentive Agreement Completed:	
Email:				
Funding Request: \$				

EMPLOYEE INFORMATION

Employee Name:			
Current Position:			
Email:			
Hire Date:			
Education that will be completed: <input type="checkbox"/> Degree <input type="checkbox"/> License <input type="checkbox"/> Certificate			
Name of Certificate, License, or Degree:			
Why is this continuing education necessary for employee's current role or what role will the employee move into upon completion:			
If continuing education is necessary for a new role, is employee guaranteed this role at the completion of their certificate, license, or degree? Please explain:			

SCHOOL AND COURSE INFORMATION

University/School/Program Name:			
School Address:			
City:	State:	Zip:	
Website:			
Estimated Completion Date:			

COURSES/FEEES

						FOR INTERNAL USE ONLY	
Course #	Course Title	Credits	Start	End	Estimated Tuition	Actual Tuition	Final Grade

CAREER ADVANCEMENT PROGRAM CHECKLIST OF REQUIREMENTS

☐ Career Advancement Program Application

☐ IRS W-9 Form

I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All proof of payment, course completion verification, and proof of certificate, license, or degree must be submitted prior to reimbursement.

Teran Doerr, Executive Director: _____

Date Approved: _____