



Construction Training Funding Application

This request relates to (check one): Community College Apprenticeship Program
 Trade School Other (please detail): _____

Applicant: Please complete all sections of this application and mail it to VCIEF, P. O. Box 5700, Glen Allen, VA 23058. Use N/A if a question does not apply. Please type or print using ink. Appearance and completeness of application will be considered during evaluation. See competition rules and regulations on page 3.

Personal

Name: _____ U. S. Citizen? _____

Home Address: _____
number & street city state zip

Phone Number: _____ DOB (MM/DD/YY): _____

Email: _____

Scholastic Information

Provide name, city and state of high schools, colleges and/or trade/apprenticeship schools you have attended or are currently attending. Most recent first. Be sure to indicate month and year of anticipated graduation and GPA.

Community College	Attended (to-from)	Major	GPA	Anticipated Graduation
(name, city & state)	(mo/yr-mo/yr)			(mo/yr)
Trade or Apprenticeship School	Attended (to-from)	Major	GPA	Anticipated Graduation
(name, city & state)	(mo/yr-mo/yr)			(mo/yr)
High School	Attended (to-from)	Major	GPA	Date of Graduation
(name, city & state)	(mo/yr-mo/yr)			(mo/yr)

What extracurricular activities are you currently participating in or did you participate in while attending high school? Indicate elected offices held, if any, and specific purpose of local organizations. Add additional sheets if necessary.

- Student activities _____
- Community activities _____
- Athletics _____

Were you enrolled in a Cooperative Education Program? If so, what type of work?

Do you currently hold any industry credentials – if so, what? _____

Employment History

List below full-time employment, summer employment or other part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part-time, indicate number of hours per week. *Add additional sheets if necessary.*

From	To	Salary
mo/yr	mo/yr	
Firm name & type of business		
Address		
Supervisor's name & position in the company		
Your duties		

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mo/yr	mo/yr	
Firm name & type of business		
Address		
Supervisor's name & position in the company		
Your duties		

Training & Financial Information (complete all blanks)

What training are you seeking or program are you enrolling in?

Name of current CTE, trade school or community college you are attending or plan to attend? _____

Your student ID number? _____

What percentage of your continuing education expenses do you provide, or expect to provide, while in this training program? _____

Describe briefly in annual dollar amounts estimated costs for:

Tuition \$	Books \$
Personal Protective Equipment \$	Tools \$

Indicate the amount of support from the following sources:

Family \$	Summer work \$	Part-time work \$
Loans (specify)		
Scholarships (specify)		
Other sources of income (specify)		

Amount of financial support being sought from VCIEF: _____

Additional Information

Explain your interest in a construction industry career & what led you to this decision? Where possible, explain how your previous work experience will relate to a construction industry career.

Are any members of your immediate family presently employed in the construction industry?

Name	Relationship
Employer	Position in the company

Name	Relationship
Employer	Position in the company

I agree that this application and all attachments may be used for the purposes of evaluation and selection for a grant from VCIEF.

Signature	Date
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Note to applicant: You have the ultimate responsibility to insure that this application is received no later than June 30, 2015.

Eligibility:

- Applicant must be currently enrolled or in the process of enrolling in a community college, trade school or an apprenticeship program.
- Applicant must be planning a career in construction.
- Applicant must be a Full Time resident of Virginia.

Requirements:

- Applications will be reviewed and winners selected by the Board of Directors of VCIEF, which will consider applicant's financial need, interest in construction and other factors as reflected in this application.
- Once proper verification of enrollment is received, checks will be sent to the school or selected individual as appropriate.
- If selected for a grant, individual must provide social security number before funds can be provided.

Miscellaneous:

- Send applications to: Training, VCIEF, P. O. Box 5700, Glen Allen, VA 23058
- For more information or additional copies of this application, write to the address above.