

Employer Application for Oregon AI Grant Tuition Funding

Business:

EMPLOYER NAME & ADDRESS:	PROGRAM CONTACT NAME, TITLE:	EMAIL:
APPRENTICESHIP COMMITTEE NAME AND #:	COUNTY:	PHONE:
APPRENTICESHIP STANDARD IS: <input type="checkbox"/> New <input type="checkbox"/> Expanded	# EMPLOYEES AT SITE:	NAICS:

Apprentice & Related Academic Instruction Information:

APPRENTICE NAME(S):	OCCUPATION:
INSTRUCTION PROVIDER(S) & ADDRESS:	ATTACH A LIST OF THE CLASSES THE APPRENTICE WILL BE REQUIRED TO COMPLETE:
INSTRUCTION START DATE:	ESTIMATED DATE ALL INSTRUCTION WILL BE COMPLETED:
TOTAL ESTIMATED COST OF APPRENTICE TUITION PER YEAR: \$ EMPLOYER/EMPLOYEE COST RESPONSIBILITY: _____% EMPLOYER _____% EMPLOYEE PLEASE DESCRIBE ANY OTHER APPLICABLE COST SHARING INFORMATION:	
<i>FOLLOWING RECEIPT OF ALL COMPLETED GRANT FORMS THE OREGON EMPLOYMENT DEPARTMENT WILL ISSUE A CONFIRMATION OF GRANT AWARD TO THE EMPLOYER AND GRANT FUNDS WILL BE ISSUED TO THE INSTRUCTION PROVIDER(S) LISTED ABOVE. THE EMPLOYER WILL BE RESPONSIBLE FOR ENSURING THE APPRENTICE IS PROPERLY ENROLLED AND ATTENDING CLASSES APPROVED BY THE APPRENTICESHIP TRAINING COMMITTEE.</i>	

AUTHORIZED COMPANY REPRESENTATIVE:

EMPLOYER SIGNATURE

TITLE

DATE

SCAN AND EMAIL APPLICATION TO: Shaun.C.Engstrom@oregon.gov

OR MAIL TO: Attn: Shaun Engstrom
 Oregon Employment Department, Workforce Operations
 875 Union St NE
 Salem, OR 97311