

Pre-Apprenticeship Innovation Grant Application Form

Hagerstown Community College is the recipient of a Maryland Department of Labor, Licensing and Regulation training grant, which provides tuition assistance for pre-apprenticeship classes that lead to future Registered

Apprenticeship programs. Submission of application form does not guarantee funding will be awarded.

Applicant Information:			
Name:	Telephone:		
	тетернопе.		
Street Address:	City, State, Zip:		
County:	Email Address:		
Birth Date:	Social Security #:		
Gender: ☐ Male ☐ Female ☐ Not Identified			
Do you have a documented disability? ☐ Yes ☐ No If Yes, do you need accommodations in the classroom? ☐ Yes ☐ No Race: (please check all that apply) ☐ American Indian or Alaska Native ☐ American			
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latino	□ North American (excluding □ Central and Latin American □ European □ African □ Middle Eastern □ Asian □ Oceania □ Two or More □ Other		
Eligibility Information:			
Are you 18 years of age or older?		∃ Yes □ No	
Please list your state of residency:			
Do you have a high school diploma or GED?		☐ Yes ☐ No	
Have you been convicted of a crime or served time for a conviction?		I Yes □ No	
If yes, please explain:	L		
nployment Status: □ Full-time □ Part-time □Unemployed			

"This project was funded in whole or in part by funds received a grant program of the Maryland Department of Labor, Licensing and Regulation."

What is your highest educationa	l attainment?			
1	□Associates Degree □ Bachelor's Degree	•		
Are you eligible to work in the United States?		□ Yes □ No		
Are you the spouse or dependent of a full-time HCC employee?		□ Yes □ No		
Military Status (please choose one): ☐ Active Duty ☐ Veteran ☐ None				
What is your apprenticeship goal? ☐ HVAC ☐ Electrical ☐ Plumbing ☐ Carpentry				
Are you currently employed in the construction field?		□ Yes □ No		
If Yes, what type of construction company?				
additional information or verification upon request. Signature: Date: Please return completed application forms to the Continuing Education Office, Hagerstown Community College, 11400 Robinwood Drive, Hagerstown, MD 21742 For more information, contact Jack Drooger at 240-500-2453 or jadrooger@hagerstowncc.edu				
FOR OFFICE USE ONLY				
Application Statu	<i>is</i>	Referral Agency:		
Dated received: Date reviewed: Date applicant contacted: Semester: Approved for grant funding:		lotes:		

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