

# CALIFORNIA WORKFORCE CONNECTION

## Patricia M. Thornton EDUCATIONAL GRANT

Applying Local Chapter: Complete items 1-8, and sign. Verify membership status, check documentation, sign item 9 and send to CWC Education Chair. Important the Education Chair must receive your grant application **NO LATER THAN 90 DAYS** after the program's completion.

1. Applying Local CWC Chapter: \_\_\_\_\_

Local Chapter President: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone Number: ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

2. Name of Trainer: \_\_\_\_\_

3. Program Title: \_\_\_\_\_

4. Program Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

5. Total CWC Members Participating: \_\_\_\_\_ Total Participants: \_\_\_\_\_

6. Total amount requested: \$ \_\_\_\_\_

7. Send Check to: ( ) Local Chapter President

( ) Trainer- Name \_\_\_\_\_

Mailing address for reimbursement: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Include the following documentation:

a. Expense breakout of training costs (does not include refreshments)

b. Summary of program's objective (Flyer)

c. Training description (may be included on flyer)

d. Final list of attendees with CWC membership verified

9. Local Chapter President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. Mail application to Current Education Chair.