

Karl E. Bybee Application

General Information about the Karl E. Bybee Grant

Purpose

• The Karl E. Bybee Educational Grant is designed to provide financial assistance to the California Workforce Connection (CWC) members who want to enhance their skills, knowledge, and abilities in workforce fields.

Eligibility

 An applicant must be a member in good standing of CWC for at least one (1) year and attending a single course, program or related activity which clearly relates to his/her professional advancement in the field of workforce employment.

Award

 Once a training course has been completed, submit the application form with required documentation. You can email completed application with signatures and scanned supportive documents to Bybee trustees at cwc.bybee@gmail.com. Two of the three trustee must approve the grant before payment is issued.

Process

 Bybee trustees can approve grant requests up to \$750 or two grants per member, per fiscal year, whichever is less. Any request over that amount must be approved by the Executive Board of The California Workforce Connection. CWC Fiscal Year term is from 7/1 to 6/30.

Payment

• The CWC State Treasurer issues payment for approved educational grant.

Exceptions

- Grants may not be used for institutes, conventions, books or college matriculation purposes or to obtain a degree.
- The number of grants available is based on solvency of the Fund.

Appeals

 Appeals must be submitted via emailed attention to CWC President at cwc.bybee@gmail.com within 20 days of the date of the denial letter.

Questions

- For more information email your questions to the Bybee Trust Board Members at cwc.bybee@gmail.com
 - *Arlene Bautista *Tom Sims * John Sziebert

Tip: Download the application to your computer, fill it out and save to your computer. Be sure to check that all appropriate fields are completed, and it is signed. Scan your supportive documents and attach all on an email via your personal email to cwc.bybee@gmail.com



Karl E. Bybee Grant Member Application

Clear Form

Print Form

Member	
Information	

Chapter Award

Grant Information

Sign, attach
documentation
and email

Signature:_

		Tom Sims			
Mandatory: Please certificate(if approprious documentation, and	irate, and receipt	of payment. Compl	ete this form, scan, a	nttach all	
Tuition: Yes		r: (please explain)			
This grant will be u	ised for:				
Training benefits: use the back of this form) you achieve your goals?	If more space is needed,	
Your Current job C Desired Job Classif			ity or another position, pl	ease explain)	
			Completion Date		
City: Dates of Training:	Reginning:	Ending:	Certification issue	Zip: ed: Yes No	
Training location a	uuress:	State:		7in:	
City:	11	State:		Zip:	
Training organizat	ion mailing addre				
Training organizat	ion:				
Training course tit	le:				
Amount of grant r	mount of grant request: \$		Receipt(s) attached: Yes No		
Name of Your sub-	ame of Your sub-Chapter:		Length of membership:		
Home phone#:	: Work		ne#:	Ext:	
		State:		Zip:	
Mailing address:				Apt. #:	
Employer/Branch:		Personal E	Personal Email address:		
First Name:		Last Nam	Last Name:		

Date ___