

WORKFORCE DEVELOPMENT HB2 2024-2025 SCHOLARSHIP APPLICATION



WORKFORCE DEVELOPMENT

(FOR NM RESIDENTS ONLY)

This application is for specific workforce training courses offered by the NMJC Workforce Development Division that results in a certificate of completion. A list of eligible trainings are listed below. Incomplete applications will not be accepted. Consideration will be given on a first-come, first-served basis. Scholarship awards are for partial costs of registration; remaining tuition balance must be paid at time of course registration. A limited number of funds are available. Application submission does not guarantee an award. Approval does not secure your spot in a training/program.

(Some programs may have prerequisites and fees that are not covered by this waiver.)

ELIGIBLE TRAINING PROGRAMS (check one)

<input type="checkbox"/> PHARMACY TECH.	<input type="checkbox"/> DENTAL ASSISTANT	<input type="checkbox"/> EMT BASIC	<input type="checkbox"/> CDL (2 WEEK)	<input type="checkbox"/> LEASE PUMPER	<input type="checkbox"/> AUTOMATION & INDUSTRIAL SYSTEMS PROGRAMS
<input type="checkbox"/> CLINICAL MEDICAL ASSISTANT	<input type="checkbox"/> CERTIFIED NURSING ASSISTANT	<input type="checkbox"/> EMT ADVANCED	<input type="checkbox"/> CDL (1 WEEK)	<input type="checkbox"/> LINEMAN UTILITY	<input type="checkbox"/> PLC

Full Name

Phone Number

Email Address

Social Security #

DOB-(MM/DD/YYYY)

Street Address

City

State

Zip Code

(Please Circle One)

1-White

4-Asian

2-Hispanic/Latin

5-Native American

Male

Female

Prefer not to Answer

3-African American

6- Other

Are you a State of New Mexico resident?

Yes

No

Are you currently employed (mark one):

Yes

No

(If yes, where?)

Cancellation Policy. If you are a recipient and cannot attend the training, please inform NMJC Workforce Development in writing (e-mail is acceptable) five (5) business days prior to the first day of training. Failure to do so will disqualify you from re-applying for another NMJC Workforce Development Scholarship for the remainder of the fiscal year. **If you do not successfully complete the training/program, you will not be eligible to apply for another Workforce Development Scholarship.**

I have read the Workforce Training Scholarship information and conditions and agree to supply the information necessary to be considered for this one-time scholarship.

Applicant Signature

Date

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**** OFFICIAL USE ONLY ****

Name of Applicant

Date Application received

Course Name

Start Date

Approved? Yes No

Reason for Approval

Reason for Non-Approval

Incomplete Application

Does not meet program requirements

Cannot pay remaining balance

Funding depleted

Date/Time Applicant was notified

Copy given to Executive Assistant? Yes No

COURSE NAME	SCHOLARSHIP AMOUNT	STUDENT REMAIN BALANCE
Pharmacy Technician	\$1,200	\$300
Clinical Medical Assistant	\$2,400	\$600
Dental Assistant	\$1,040	\$260
Certified Nursing Assistant	\$1,280	\$320
EMT- Basic	\$1,440	\$360
Advanced EMT	\$1,760	\$440
CDL (2 weeks)	\$2,400	\$600
CDL (1 week)	\$1,600	\$400
Lease Pumper Training	\$1,400	\$350
Lineman Utility Training	\$4,000	\$1,000
Automation & Industrial Systems Programs	\$1,960	\$490
PLC (each level)	\$960	\$240

Department Director Signature

Date