



Upper Shore Workforce Investment Board
Incumbent Worker Training Application – Kent County

Business/Company Information:

Name: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Business Representative Name: _____

Phone Number: _____ Email: _____

Employee Name: _____ Job Type: _____

Phone Number: _____ Email: _____

Has a Maryland Business Works (MBW) request been provided to the state?

A copy of the MBW application may be used as the funding request without additional paperwork

Yes | No **If yes, what is the status of the application?**

What is the purpose of the training regarding how the request will support the career pathway?

This may include identified promotion, position upgrade, lay off aversion, and assisting with a mandatory certification upgrade or proprietary need for additional training.

Name/Title of the proposed training:

Type of training:

- Occupational classroom training
- Cross-training work assignments within the company;
- In-house proprietary training using current employee trainers;
- In-house proprietary training from outside vendors;
- Outside training vendors performing training at locations outside the business

Timeframe of the training:

Training cost(s):

Training expenses will be a maximum of \$5,000 per company.

By signing this application, I certify that all of the information provided is true to the best of my knowledge. I understand that the Upper Shore Workforce Scholarship Office reserves the right to deny training proposals. Businesses may appeal the decision.

Signature: _____ **Date:** _____