

## **Upper Shore Workforce Investment Board**

PO Box 8, Wye Mills, MD 21679 410-822-1716 www.uswib.org

## **Additional Training Request Questionnaire**

Name			
Street Address	City	State	Zip
	☐ Home ☐ Cell		
Phone Number	Em	nail Address	
•	anged since the last training requ mation in your Maryland Workfo		
Have you obtained funding from	the Workforce Office previously	? □ YES □ NO	
PREVIOUS TRAINING/FIRST TE	RAINING		
Educational Institution Attended	Training Name	Start Date	Completion Date
Successful Completion? ☐ YES ☐	NO		
Final Grade/GPA: □ Pass □ Fa	il and/or Final Grade/GPA	(If Applicable)	
Credential(s) Earned?	NO   If <b>YES</b> , please list all cred	ential(s) earned?	
DESIRED TRAINING/ADDITION	IAL TRAINING		
Educational Institution	Training	g Name	_

CAREER FIELD				
Have you worked in a career field related  ☐ YES ☐ NO	to your previous training(s)/cred	ential(s)?		
If YES:				
Name of company	Position	Dates of employment		
If NO:				
If you haven't worked in a career field related to your previous training(s)/credential, please explain why.				
REASON FOR ADDITIONAL TRAINING				
Explain how the new training will coordinate with the previous trainings. If your new training request supports a different career field, explain why you are making this change.  Please Note: Financial assistance with additional training will be based on your performance in previous trainings and a convincing argument explaining the need to change career paths.				

## **Appeal Process**

If an additional request for training has been denied, an individual may appeal the decision to the Upper Shore Workforce Investment Board Executive Director. An appeal regarding additional training must be in writing and sent to:

Daniel Schneckenburger, Executive Director

Upper Shore Workforce Investment Board

PO Box 8, Wye Mills, MD 21679

After consideration, the Executive Director will render a decision within 30 days and will communicate the decision to the applicant. **All decisions contingent upon available funding**.