



Upper Shore Workforce Investment Board

Incumbent Worker Training Application – Queen Anne’s 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: _____