



Upper Shore Workforce Scholarship Office

P.O. Box 8, Wye Mills, MD 21679 | cdunn@chesapeake.edu

Client Testimonial

Name:

Title of Training Program (ex. CDL Program):

Name of Training Provider (ex. Chesapeake College):

What services did you receive from the Upper Shore Workforce Scholarship Office?

What skills or knowledge have you gained as a result of this training?

What credential did you receive upon completion of the training program?

What have you been able to achieve since using our service?

Would you recommend our service? If so, why?

Is there anything else that you would like to share?

This testimonial will be used by the Upper Shore Workforce Scholarship Office for use in print, websites, social media, etc. for marketing purposes. Any photographs, whether provided or taken by staff will be used in conjunction with the testimonial.

Please sign to indicate that you approve of the use of the testimonial and photograph.

Signature:

Date: