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Grow your business – live the dream!

WORKFORCE TRAINING SCHOLARSHIP APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			

WORK / SCHOOL INFORMATION	
Current Employer or School	Address & Phone
Date Employed	or School Class currently attending
Position	Job Duties
Supervisor or Counselor	Title
May we contact your supervisor or counselor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I certify I am at least 18 years of age or a high school student taking or enrolling in dual credit class(s) at WNC and that my answers herein are true and complete to the best of my knowledge. If this application is approved, I understand that false or misleading information in my application or interview may result in forfeiture of the scholarship and/or required repayment of any and all monies received.	
Applicant Signature	Date

APPROVAL AND SIGNATURES	
The undersigned organizations hereby approve this applicant to receive reimbursement for an approved training course through the WNC locations upon submitting records of completion of course and passing score as outlined in the Workforce Training Scholarship Criteria.	
NNDAA Signature	Date
WNCC Signature	Date
EMPLOYER or COUNSELOR Signature	Date