

Services Eligibility Determination Form

For American Apprenticeship Grant and State Apprenticeship Expansion Grant

The Bureau of Apprenticeship Standards through several federal grants is providing additional training options to connect to registered apprenticeship programs. To receive more information and determine if you are eligible, please complete this form.

Name: _____

RESEA session date, if applicable: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Are you?

- ☐ 18 years old or older
- ☐ 16 or 17 but NOT enrolled in a secondary/high school
- ☐ I am a veteran
- ☐ I am an eligible spouse of a veteran

Which information would you like to receive? Check all that apply.

- ☐ Contact information for the closest job center to _____ County.
- ☐ Training opportunities
- ☐ Information about registered apprenticeship programs
- ☐ Referral for Certified Pre-Apprenticeship programs
- ☐ Referral for Registered Apprenticeship programs

Which registered apprenticeship programs would you like to receive information about?

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adv. Manufacturing Sector (general info) <ul style="list-style-type: none"> <input type="checkbox"/> Industrial Manufacturing Technician <input type="checkbox"/> Industrial Metrology Technician <input type="checkbox"/> Maintenance Technician <input type="checkbox"/> Mechatronics Technician <input type="checkbox"/> Welding <input type="checkbox"/> Construction Sector (general info) <input type="checkbox"/> Healthcare Sector (general info) <ul style="list-style-type: none"> <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Information Technology Sector (general info) <ul style="list-style-type: none"> <input type="checkbox"/> Data Analyst <input type="checkbox"/> IT Service Desk Technician <input type="checkbox"/> Software Developer <input type="checkbox"/> Service Sector (general info) <ul style="list-style-type: none"> <input type="checkbox"/> Financial Services <input type="checkbox"/> Biotechnology |
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Please submit form to: DETWAGES@dwd.wisconsin.gov

FOR OFFICE USE ONLY	
Date of eligibility determination:	_____
Name of person who determined eligibility:	_____
Name of person who provided information:	_____

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