



# HATS OFF FOR VETERANS INC

## Apprenticeship Incentives Grant Application

Applicants may request up to \$500 per grant application.

Today's Date: \_\_\_\_\_

**NOTE: Please put N/A in spaces not applicable to you.**

I've applied for this grant before.

Yes- Year Applied: \_\_\_\_\_ No-

I understand this grant does not exceed \$500.

Yes- No-

I am applying for: Certification/License Fee Assistance- Professional Development Assistance-

### A. APPLICANT PERSONAL INFORMATION

Applicant's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Texas County of Residence: Caldwell- Comal- Hays- Guadalupe- Travis- Other: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Last Four of SSN: \_\_\_\_\_

### B. MILITARY BRANCH INFORMATION

Military Branch Served: \_\_\_\_\_

Are you currently Active or a Reservist? Yes- No- If yes, how long: \_\_\_\_\_ (Please provide a copy of your Military ID.) If not, what's your discharge date: \_\_\_\_\_

I was honorably discharged. Yes- No- If no, please explain: \_\_\_\_\_

I have a copy of my DD-214. Yes- No- A copy must be provided with this application.

I am a Disabled Veteran. Yes- No- I am recognized at \_\_\_\_\_ % Disability. (Proper documentation must be provided to verify your military disability status.)

**Please list awards and honors achieved you would like to share with the Committee including your military achievements.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**C. CURRENT APPRENTICESHIP INFORMATION**

Based on the categories below, please pick the best description for the industry you are presently seeking a certificate, license in, or professional development, and your present apprenticeship/work role.

-**Industrial - Programming skilled trades:** These include jobs like welders, mechanics, machinists, tool and die makers, computer science, and programmers.  
Please describe your apprenticeship/work role. I am a: \_\_\_\_\_.

-**Construction skilled trades:** Jobs in these sectors involve trades commonly seen in the construction sector, such as carpenters, bricklayers, insulators, electricians, plumbers, and gasfitters.  
Please describe your apprenticeship/work role. I am a: \_\_\_\_\_.

-**Service and Healthcare skilled trades:** These trades form a part of the service sector. These include nurses, orderlies, aides, therapists, and service technicians.  
Please describe your apprenticeship/work role. I am a: \_\_\_\_\_.

-**Other:** Please describe your apprenticeship/work role. I am a: \_\_\_\_\_.

**D. REQUEST FOR FUNDING**

I am requesting financial assistance in the amount of \$\_\_\_\_\_. This amount will help to offset the cost of apprenticeship and license fees, or any professional development costs towards registration or associated course fees.

*\*If inapplicable, please put N/A.*

**\*Testing/Licensing Facilitator:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Website:** \_\_\_\_\_

I have attached a copy of my registration and/or receipt for my exam. Yes- No-

**To Complete Your Application:** Once the exam has been completed and a passing score has been achieved, please forward a copy of your certificate or license to our office to be reviewed and to complete your application. If approved by the HOFV Scholarship and Grants Committee, you will be notified, and a check will be disbursed to the applicant for payment. Test cannot be dated older than two months from the date of the application.

**Conference Name:** \_\_\_\_\_ **Conference Host:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Conference Website:** \_\_\_\_\_

**Conference Date(s):** \_\_\_\_\_ **Conference Location:** \_\_\_\_\_

**I am attending this conference/course because:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In your description, be sure to include any specific courses that pertain to your current employment and professional development. This helps the committee to correlate the course with your current employment needs.*

**E. REIMBURSEMENT REQUEST**

I am requesting reimbursement for the total cost of my exam or professional development fees in the amount of \$\_\_\_\_\_.

I took my apprenticeship certification/licensing exam dated \_\_\_\_\_. **NOTE:** To be considered for reimbursement, the receipt submitted cannot be older than two months from today's date.

I received a passing score and attached a copy of my passing certificate/license. Yes- No-

Testing/Licensing Facilitator: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**F. CURRENT FINANCIAL AND EMPLOYMENT STATUS**

I AM NOT CURRENTLY EMPLOYED.

I AM CURRENTLY EMPLOYED.

Current or Past Employer: \_\_\_\_\_ City, State: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current Salary: \$\_\_\_\_\_/Per Month or Annual (circle one)  
Ending Salary, if applicable: \$\_\_\_\_\_/Per Month or Annual (circle one)

**If currently employed, please attach a copy of your latest paycheck stub with your application.**

I am Married- Single- Divorced-

Number of Dependents Living in Your Household: \_\_\_\_\_ Age(s): \_\_\_\_\_

I presently rent- own- my home. Monthly Rent/Mortgage: \$\_\_\_\_\_

Time at Residence: Years \_\_\_ Months \_\_\_ I lease- own- my vehicle. Monthly payment: \$\_\_\_\_\_

**TO BE ELIGIBLE FOR THIS GRANT, THE APPLICANT MUST:**

1. The applicant must be a veteran in good standing with their military status.
2. The veteran must receive training and take their certification/licensing exam by an approved regulatory agency such as the Texas Department of Licensing and Regulation, Texas Higher Education Coordinating Board, Texas Workforce Commission; or a competency-based standardized craft training program meeting the training program standards of the United States Department of Labor Office of Apprenticeship for that industry.

3. If attending a conference for professional development, the conference must be a legitimate, CEU approved host and relevant to the Veteran's current job role.
4. If you are submitting a reimbursement request, the date of the receipt cannot be older than two months from today's date and must be accompanied by a copy of the passing certificate.
5. The veteran must reside in Caldwell, Comal, Hays, Guadalupe, or Travis Counties to apply. Proof of residency will need to be attached to the application such as a copy of a driver's license, or recent pay stub/utility bill.

**RULES FOR SUBMITTING YOUR GRANT APPLICATION.**

***Mail one original*** completed application and required documents to:

**HATS OFF FOR VETERANS INC.  
ATTN: SCHOLARSHIP AND GRANTS COMMITTEE  
PO BOX 1689  
KYLE, TX 78640**

Questions? Email [Lisa@HOFV.org](mailto:Lisa@HOFV.org) or call 512-682-5333.