



# HATS OFF FOR VETERANS

## Professional Development Incentives Grant 2025 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 and would like to apply again. Yes- (Year Applied: \_\_\_) No-
- I've attached a copy of my Texas Driver's License. Yes- No-
- I'm applying for financial assistance for a certification or license. Yes- No-
- I'm applying for financial assistance for Professional Development. Yes- No-

### A. APPLICANT PERSONAL INFORMATION

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

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

Texas County of Residence: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Highest Level of Education: High School- GED- 4-Year College Degree- Master's Degree- Ph.D. -  
2-Year Associate Degree- Other- Description: \_\_\_\_\_

### B. MILITARY BRANCH INFORMATION

Are you currently on Active Duty? Yes- No- Are you currently a Reservist/Guard? Yes- No-

If yes, how many years have you been active? \_\_\_\_\_ If no, please list your discharge date: \_\_\_\_\_

Military Branch(es) Served: Army- Air Force- Navy- Marines- Coast Guard- Space Force-

Other- Please list all: \_\_\_\_\_

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.*

If active, I've attached a copy of my current Military ID Card. Yes- No-

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.

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### C. CURRENT SKILLED TRADE

Based on the categories below, please pick the best description for the industry you are currently seeking a certificate or license in, or professional development. Please include your current apprenticeship or work title.

-**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 or work role. I am a: \_\_\_\_\_.  
Examples include administrative, real estate, teaching, music, culinary, banking, cosmetology, beauty, etc.

### D. REQUEST FOR FINANCIAL ASSISTANCE

I am requesting financial assistance in the amount of \$\_\_\_\_\_ to apply towards fees associated with a certificate or license I need for my skilled trade.

Date of Test: \_\_\_\_\_ Testing/Licensing Facilitator: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

I've attached a copy of my registration for the exam. Yes- No-

**TO COMPLETE YOUR APPLICATION:** Once the exam has been completed and a passing score has been achieved, please attach a copy of your certificate or license with this application and submit it to our office to be reviewed. If approved by the HOFV Grant Committee, you will be notified, and a check will be disbursed to the applicant for payment. Test cannot be dated older than a month from the date of this application.

I am requesting financial assistance in the amount of \$\_\_\_\_\_ to apply towards fees associated with attending a conference or taking a specialized course for professional development.

Conference/Course Title: \_\_\_\_\_

Conference/Course Hosted by: \_\_\_\_\_

Conference/Course City Location: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Conference/School Website: \_\_\_\_\_ Conference/Course Date(s): \_\_\_\_\_

**E. ESSAY**

Please explain why this grant is important to you. Please share what your goals are and where you see yourself professionally in five years.

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

**F. REIMBURSEMENT REQUEST**

I am requesting \*reimbursement in the amount of \$\_\_\_\_\_ to apply towards fees associated with a certification, license, attending a conference, registering for a specialized course, and/or any fees linked to registration costs towards my skilled trade and professional development.

I took my apprenticeship certification/licensing exam on this date: \_\_\_\_\_.

*\*To be considered for reimbursement, the receipt submitted cannot be older than one month from today's date.*

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

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

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

**G. CURRENT FINANCIAL AND EMPLOYMENT STATUS**

I AM CURRENTLY EMPLOYED.

I AM NOT CURRENTLY EMPLOYED.

Current/Past Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ / Monthly- Annual- Commission Based-

Ending Salary, if applicable: \$ \_\_\_\_\_ / Monthly- Annual- Commission Based-

Employer’s Website Address: \_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_

Employer’s Phone: \_\_\_\_\_ I’m Married- Single- Separated- Divorced-

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

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

Time at Current 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. Applicants must include proof of identification with this application including a copy of a Texas Driver’s License and Military form DD214.
4. If attending a conference or taking a course for professional development, it must be a legitimate, CEU approved host/course and relevant to the Veteran’s current job role.
5. If you are submitting a reimbursement request, the date of the receipt cannot be older than one month from today’s date and must be accompanied by a copy of the passing certificate.
6. The Veteran must reside in Texas 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.

Your Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RULES FOR SUBMITTING YOUR GRANT APPLICATION.**

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

**HATS OFF FOR VETERANS  
ATTN: HOFV GRANT COMMITTEE  
P.O. BOX 1689  
KYLE, TX 78640**

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



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**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Application Reviewed by: \_\_\_\_\_

**This grant application has been:**

- Approved for the full amount requested-
- Approved with Revised Amount: \$ \_\_\_\_\_
- Not Approved-

**Reviewer Notes:**

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**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_