Office of Equal Opportunity On-The-Job Training Support Services Request for Tuition Assistance

GENERAL INFORMATION:

Organization/Agency Name: _____

Street Address: _____
No P.O. Box Please City Zip

Contact Person: _____ Telephone Number: __(_____)_____-_____

Email: _____ Have You Applied For Assistance Before? ☐ Yes ☐ No

COURSE DESCRIPTION:

Course Name: _____ Facility: _____

Course Description:
_____
_____
_____

Start Date of Course: _____/_____/_20_____ End Date of Course: _____/_____/_20_____
***** Please attach the required copy of each student's Valid Washington State Driver's License *****

CLASS ROSTER:

Name (First & Last)	Tribe (if applicable)	Race	Gender (M/F)

Name (First & Last)	Tribe (if applicable)	Race	Gender (M/F)

I hereby certify under penalty of perjury under the laws of the State of Washington, RCW 9A.72.085 that to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only and that identifying information will not be disclosed.

_____ _____

Signature of Applicant Date