



Northwest Minnesota

Office of Job Training

in association with



DEPARTMENT OF IRON RANGE
RESOURCES & REHABILITATION

2021 – 2022 CAREER EXPLORATION PROGRAM APPLICATION

All information requested below must be complete for funding consideration. For questions about the program or this application, please contact Michelle Ufford at michelle.ufford@nemojt.org.

APPLICANT INFORMATION

Organization Name: _____

Application Date: _____

Mailing Address: _____

Billing Contact : _____

City, State, Zip: _____

Billing Address: _____

Primary Contact: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ACTIVITY DETAILS

Description must reflect activities related to exploring careers, postsecondary education options, or different industries

Event Title: _____

Event Date: _____

Number of expected participants: _____

Grades or age ranges of participants: _____

Description of the event or activity (include the location of activity, desired outcomes, and industry or career field(s) to be explored):

ACTIVITY EXPENSES

Please indicate all costs associated with this request and any other funding to be used to support the activity

Check all expense categories for which grant funds are requested:

Amount requested from the Career Exploration Program:

Amount and source of other funding to support activity:

____ Transportation _____

____ Substitute Teachers _____

____ Event Sponsorship _____

____ *Other (please describe below): _____

*only expenses that are clearly and directly related to career exploration activities may be considered for funding

TOTAL GRANT AMOUNT REQUESTED: _____

Name of Authorized Person (print) _____

Title _____

Click below to submit your application electronically*

Signature* _____

Date _____

*For electronic applications, a typed signature will be accepted as the signatory's official verification that this information is correct. Paper applications may also be mailed to Michelle Ufford, 801 Jones St., Eveleth, MN, 55734.

For office Use Only

Authorizing/Approval Signature _____

Date _____