



in association with



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 Randy Back at randy.back@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 _____

Signature* _____ Date _____

*For electronic applications, a typed signature will be accepted as the signatory's official verification that this information is correct.

Please download, complete, save, and email the application to: randy.back@nemojt.org

Paper applications may also be mailed to: Randy Back, JET-Northeast Minnesota Office of Job Training, 820 N. 9th St., Virginia, MN 55792

For office Use Only

Authorizing/Approval Signature _____ Date _____