



FOR OFFICE USE ONLY:	
Date Received:	_____
ARA Co. ID #:	_____
ARA Member	_____

Technical Training Grant Application

Grants to be awarded quarterly

Application deadlines: March 31, June 30, September 30, December 31

Applications must be received, or post marked by the deadline date to be considered for that quarter. Applicants will be notified of the status of the application within 30 days of the deadline.

GRANTS ARE INTENDED TO AID EMPLOYERS IN PROVIDING TECHNICAL TRAINING TO EMPLOYEES. EMPLOYERS MUST COMPLETE AND SUBMIT THE APPLICATION.

REQUIREMENTS:

- Training **MUST** support a career in the equipment/event rental industry and fall into one of the following categories:

Mechanical	Electrical	Hospitality	Commercial Driving
Welding	Tenting	Carpentry	CERP
Accounting/Administration		Other: (Please explain) _____	

- Employees need a minimum of 1,000 hours of service with the employer to qualify.
- Grants will be for up to 50% of the training cost, with a maximum award of \$1,000.
- Grants will cover only the cost of the training (no travel, tools or supply costs).
- Grants may be awarded prior to completion of training, but will be funded following completion.
- A Certificate of Completion is required to receive the awarded funds.
- Training must be completed six months from the date of award. – Exceptions will be considered on a case by case basis.

The information requested will be kept confidential and is for the sole purpose of grant selection. It will be accessible only to the ARA Foundation Staff and Technical Grant Committee.

**For questions, please contact:
Joann Lay, Executive Administrator:
joann.lay@ararental.org,
800-334-2177, ext. 265, or 309-277-4265**

SECTION 1: COMPANY INFORMATION *(Please type or print clearly)*

Company name:			
Employer name:			
	Last name	First name	
Mailing address:			
	City	State	ZIP
Phone:	()	Cell:	()
Email address:			

SECTION 2: EMPLOYEE INFORMATION

Employee name:			
	Last name	First name	M.I.
Position:		Date of hire:	
Phone:	()	Email address:	

SECTION 3: TRAINING INFORMATION

School or training facility:	
Type of training:	
Date of training:	<input type="checkbox"/> Trade/Technical/Vocational school <input type="checkbox"/> Community college (trade/technical/vocational certification program only) <input type="checkbox"/> Other: _____
Diploma or certificate you will receive:	
Completion date:	Score (if completed):
Attach description of the training program, including dates of classes, cost, and receipt of payment.	
Describe the training your employee attended and how this will benefit your business:	

PLEASE READ CAREFULLY BEFORE SIGNING

This application is made for the purpose of obtaining an ARA Foundation grant. I declare that all information set forth in this application is true and represents the facts as I know them. I understand the ARA Foundation grant funds will be sent directly to the business address listed on the application. If selected to receive a grant, I authorize the Foundation to use my name for marketing purposes. All decisions by the Grant Committee are final.

Signature of Applicant (Employer)

Date

Submit application and supporting documents to:

**ARA Foundation
1900 19th St.
Moline, IL 61265
Fax 309-764-1533
joann.lay@ararental.org**