



Little
Miracles

The ELM Foundation

Workforce Development Grant Inquiry Form

Name: _____ Today's Date: _____

Contact Telephone Number: _____ Email Address: _____

School Name: _____

Name of Certification Course: _____

In-Person Class Dates: _____

Cost of Course \$ _____ Other Related Costs \$ _____

This development grant requires a minimum of 20 hours of work per week.

Current place of employment: _____ Total weekly working hours: _____

Please name your job title and the expected responsibilities associated with this position:

Highest level of education completed: _____

If you attended college, please specify your degree: _____

How will your commitment to earning this certification help you with future employment opportunities?

Besides finances, what is currently the most significant barrier to obtaining this certification?

Additional information you would like to share:

Consent and Authorization

- I am open to speaking with the ELM case manager to learn more about this grant opportunity and provide my personal information.
- I understand that signing this form does not guarantee funding or obligate me to participate in the program.
- I understand that an ELM application process exists, and a grant award depends on demonstrated financial need.

Signature _____ Date _____

***** NOTE: The ELM Foundation does not provide emergency or crisis services such as housing or utility payments, food, or clothing. Please utilize ALHelp.org or call 211 for these needs. *****



ELM
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