

Spouse Employment Program Request for Funding

Please check the box(es) of the program(s) you are interested in:

Nurse Aide I

Basic Welding Certificate

Applicant Information

Last 4 of Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Highest Level of Education: _____ Are you currently working? Yes /No

If yes, current job title? _____ If no, do you plan to work? Yes /No

Military Sponsor Information

Last 4 of Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

NOTES:

- Basic Welding is a Certificate Program to familiarize you with welding.
- All applicants for Nurse Aide I must attend one of the mandatory Information Sessions at Wayne Community College and notify the A&FRC in order to receive a tuition letter.
- No childcare funding will be provided for either course.
- Selected individuals will be notified as soon as possible; typically 4 weeks prior to the start of the program.

Student Statement of Understanding and Agreement:

Nurse Aide I Applicants: I UNDERSTAND there is a **minimum class participation** requirement, 85% of the course sessions, to be eligible to receive my certification for the Nurse Aide Level 1 Program from Wayne Community College. Because the course is 196 hours in length, I understand that **I can only miss 12 hours of class and still be able to receive my certification.** I understand I must pay for my certification test and bring the receipt to the A&FRC for reimbursement.

All Programs Applicants: If I decide to withdraw after the class start date, I will be responsible for all related fees. Also, I must reimburse the Airman & Family Readiness Center (A&FRC) the costs for any materials provided (books, apron/smock, etc.) upon this withdrawal.

I understand that all requests for payment must be submitted no later than the 15th of December.

Further, I agree to submit my certificate of completion to the A&FRC Spouse Employment Program Coordinator. Failure to submit a copy of my certificate of completion will result in a requirement to repay the costs of the program.

By signing this document I acknowledge that I will make all attempts to avoid any failure to attend classes. I understand that my work schedule, an upcoming deployment, childcare issues, Permanent Change of Station (PCS), spouse’s work schedule, divorce, etc. are not valid reasons for my failure to complete this program as agreed.

I AGREE that if I do not meet the minimum requirements of this course or fail to complete the course and the reason(s) for not meeting the minimum requirements or failing to complete the course were within my control and could have been avoided, I will reimburse the A&FRC the full costs of the course (tuition, books, and any other materials). I understand this amount could change based on actual costs, and that I am responsible for the total of actual costs.

Signature of Applicant: _____

Printed Name of Applicant: _____ **Date:** _____

Co-Signer Statement of Understanding and Agreement (Active Duty Air Force Member)

I UNDERSTAND the requirements my spouse must meet in the above mentioned course that my spouse is applying for financial assistance from the Air Force Aid Society, through the Airman & Family Readiness Center, to be eligible for funds to cover this course. I understand that the financial assistance my spouse may receive for this course is contingent upon the requirements set out in the above section entitled “Student Statement of Understanding and Agreement” and that if he/she fails to meet these requirements the full costs of the course (tuition, books, and materials) must be reimbursed.

I AGREE that by signing this document as a co-signer, I am equally responsible for the reimbursement for the full costs associated with the program if my spouse fails to meet the above criteria.

Signature of Active Duty Member as Co-Signer: _____

Printed Name of Active Duty Member: _____ **Date** _____