



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

Employee Training Assistance Program Application

**ASSISTANCE IS INTENDED TO AID EMPLOYERS IN PROVIDING TRAINING TO EMPLOYEES.
EMPLOYERS MUST COMPLETE AND SUBMIT THE APPLICATION.**

REQUIREMENTS:

- Training MUST support a career in the equipment/event rental industry. Examples of training include:

Leadership	Financial	CERP	Marketing & Sales
Time Management	Problem-solving skills	Driving (CDL)	Hospitality
Vendor Training	Customer Services Training	Technical (mechanical, electrical, etc.)	
Other: (Please explain) _____			

- Employees need a minimum of 1,000 hours of service with the employer to qualify.
- Assistance will be up to 50% of the training cost, with a maximum award of \$2,500.
- Assistance will cover only the cost of the training (no travel, tools or supply costs).
- Assistance may be approved prior to completion of training, but funding will be disbursed following training 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 Employee Training Assistance Program Committee.

For questions, please contact:
 Jill Peterson, Program Manager, Government Affairs & Foundation
 Jill.peterson@ararental.org
 800.334.2177, ext. 254, or 309.277.4254

All applications will be reviewed by the Employee Training Assistance Program Committee for approval.

Payment will be processed upon the completion of the training. Proof of completion of the training is required.

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:	
Cell:	()		
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:
Cost of training:	
Diploma or certificate you will receive:	
Completion date:	Score (if applicable):
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 training ARA Foundation assistance. I declare that all information set forth in this application is true and represents the facts as I know them. I understand ARA Foundation assistance funds will be sent directly to the business address listed on the application. If selected to receive assistance, I authorize the Foundation to use my name for marketing purposes. All decisions by the Employee Training Assistance Committee are final.

Signature of Applicant (Employer)

Date

Submit application and supporting documents to:

ARA Foundation
1900 19th St.
Moline, IL 61265
jill.peterson@ararental.org