

**Finger Lakes Wired
SCHOLARSHIP APPLICATION**

Name: _____

Address: _____ County: _____

Industry Sector: _____ Advanced Manufacturing _____ Optics/Imaging _____ Biotech/Life Sciences _____ Alternative
Energy _____ Food & Agriculture _____ Information Technology _____ Engineering _____ Business Services
_____ Health Care

Federal Employment Identification Number (FEIN): _____ Total Employees in Region: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

1. a. Total amount of funds requested: \$ _____
b. Total company match: \$ _____
c. Total number of trainees: _____

- Funds requested can include cost of classroom instruction (i.e., tuition or course fees), customized coursework or in-house training and training materials (books, manuals and exams).
- Training must lead to 1) The development of management competencies of mid - senior level Managers, 2) Development of technical/occupational skill competencies of employed workers or 3) Implementation of process or productivity improvement initiatives (such as Lean, ISO, Six Sigma, Sarbanes Oxley, etc).
- Requests for funding cannot exceed \$25,000. Requests for funding under \$1,000 will not be entertained.
- Third party applications (from grant writers, training providers, consultants, etc) will not be accepted and will be automatically denied. Applications must be developed and written by the applicant business.
- Applicant matching funds requested. Matching funds can include one or portions of the following direct or indirect costs of training: wages of employees being trained while in training, new purchases of equipment and software required for training, and expenses associated with out-of-town training.
- Trainees must be permanent employees, on the payroll of the applicant, with year-round attachment to the employer. Part-time employees are eligible to be trained if they work more than (20) hours per week year-round.

2. Describe your business and how it supports the regions emerging sectors. Do you plan to grow jobs over the next twelve months?

3. Generally describe the trainees including how they were identified for training, education level, duration of employment, and experience/skills. Describe the assessment of worker skills that was conducted and the skill deficits that it identified among the target population of trainees. How will the proposed training address those deficits?

4. Describe the training program/activity and how it will result in in-demand and transferable employability skills, productivity and process improvement procedures or industry recognized

credentials/certifications. How do the upgraded skills and certifications meet the demands of emerging industries?

- 5. Why is the training necessary? How is it tied to your strategic plan?
- 6. How will the training help your business maintain its competitive edge? How will it help your employees to retain their jobs, improve their employability and/or promotability, and achieve higher rates of pay after training?
- 7. Proposed budget. Please complete attached spreadsheet, and attach a copy of course descriptions, program curriculum and proof of costs.

Reviewed by: _____ Date _____
Pat Piles, Finger Lakes Wired

Approved by: _____ Date _____
Peter Pecor, Executive Director, RochesterWorks

Amount Approved: \$ _____

Contract Dates: _____ to _____

Kristy Ioele
RochesterWorks
255 North Goodman St.
Rochester, NY 14607
(585) 258-3548 (Phone)
(585) 232-6033 (Fax)
wiredgrants@rochesterworks.org