

WORKFORCE DEVELOPMENT
HB2 2026-27 SCHOLARSHIP APPLICATION
(FOR NM RESIDENTS ONLY)



This application is for eligible workforce training courses offered through the NMJC Workforce Development Division that lead to a Certificate of Completion. A list of eligible trainings is included in this application. Applications are reviewed on a first-come, first-served basis. Incomplete applications will not be considered. Scholarship awards cover a portion of the registration cost; any remaining tuition balance is due at the time of registration. Funding is limited, and submitting an application does not guarantee a scholarship award. Approval of a scholarship does not reserve your seat in a training program. Some programs may have prerequisites or additional fees that are not covered by the scholarship. Please refer to the program information on our website for details.

ELIGIBLE TRAINING PROGRAMS (check one)

☐ PHARMACY TECH.	☐ DENTAL ASSISTANT	☐ CLINICAL MEDICAL ASSISTANT	☐ CERTIFIED NURSING ASSISTANT	☐ EMT BASIC
☐ EMT ADVANCED	☐ MEDIC FIRST AID/CPR INSTRUCTOR COURSE	☐ Intro to Oil & Gas	☐ LEASE OPERATOR	☐ Commercial Vehicle & Break Inspector
☐ CDL Permit Prep	☐ CDL (1 WEEK)	☐ CDL (2 WEEK)	☐ DOT Compliance Manager Training	

Full Name

Phone Number

Email Address

Social Security #

DOB-(MM/DD/YYYY)

Street Address

City

State

Zip Code

(Please Circle One)

1-White

4-Asian

☐ Male

☐ Female

2-Hispanic/Latin

5-Native American

☐ Prefer not to Answer

3-African American

6- Other

Are you a State of New Mexico resident?

☐ Yes ☐ No

Are you currently employed (mark one):

☐ Yes ☐ No

Is it located in NM?

☐ Yes ☐ No

(If yes, please state place of employment)

Annual Income

Please select the range that best represents your total income before taxes.

☐ Less Than \$35,000

☐ \$35,000-\$59,999

☐ \$60,000-\$84,999

☐ \$85,000-\$124,999

☐ \$125,000 or more

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1. How do you plan to pay for the portion of the training not covered by the scholarship?

☐

Personal Savings

☐

Employer assistance

☐

Family Support

☐

Personal Loan

☐

Other

2. Describe a life challenge and/or financial hardship you may be experiencing?

3. What motivated you to apply for this training and scholarship?

4. Completing this training will require you to attend class consistently, arrive on time, and actively participate. Can you describe any obstacles that could affect your attendance or completion, and how you plan to overcome them?

5. How do you expect this training to impact your career over the next one to five years?

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Completion Follow-Up Acknowledgment:

As a recipient of an NMJC Workforce Development Scholarship, I understand that NMJC Workforce Development will conduct a follow-up approximately 90 days after I complete my training to evaluate employment outcomes associated with the scholarship program.

During this follow-up, I may be asked to provide information including:

- My current employment status.
- The name of my employer (if employed).
- My current annual salary range.

I understand that this information is used solely to measure the effectiveness of the scholarship program and to fulfill reporting requirements for the State of New Mexico and other funding partners. The information collected helps demonstrate program success and supports future funding opportunities that make workforce training scholarships available to other students.

I agree to make a reasonable effort to respond to this follow-up and understand that my participation contributes to the continued success and sustainability of the NMJC Workforce Development Scholarship Program.

Scholarship Recipient Acknowledgment and Cancellation Policy

Recipients who are unable to attend the approved training must notify NMJC Workforce Development in writing (email is acceptable) at least five (5) business days before the first day of training. This allows the scholarship opportunity to be offered to another eligible participant.

Refund Policy: Please see the refund policy for the training you are taking. Any required student-paid fees or costs are subject to the applicable refund policy and may become non-refundable after the deadlines outlined in that policy.

Recipients who fail to provide the required notice and do not attend the training may be ineligible to receive another NMJC Workforce Development Scholarship for one (1) year from the date of the original scholarship award.

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I have read and understand the Workforce Training Scholarship eligibility requirements, policies, and conditions and agree to comply with them.

Scholarship funds have no cash value, are non-transferable, and may only be applied toward eligible tuition costs for this program.

I understand that this scholarship provides a **one-time tuition discount** for an eligible NMJC Workforce Development training program. I further understand that this scholarship is **not federally funded**, is **not administered through FAFSA**, and is subject to available funding and program eligibility.

Applicant Signature

Date

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**** OFFICIAL USE ONLY ****

Approved? ☐ Yes ☐ No

Training Start Date

End Date

Reason for Approval

Reason for Non-Approval

☐ Incomplete Application

☐ Does not meet program requirements

☐ Cannot pay remaining balance

☐ Funding depleted

Other:

Date/Time Applicant was notified

Copy given to Executive Assistant? ☐ Yes ☐ No

COURSE NAME	SCHOLARSHIP AMOUNT	STUDENT REMAINING BALANCE
Pharmacy Technician	\$750	\$750
Dental Assistant	\$750	\$750
Clinical Medical Assistant	\$1,500	\$1,500
Certified Nursing Assistant	\$750	\$750
EMT- Basic	\$1,000	\$1,000
Advanced EMT	\$1,250	\$1,250
Medic First Aid CPR Instructor Course	\$275	\$275
Intro to Oil & Gas	\$350	\$350
Lease Operator Training	\$1,250	\$1,250
CDL Permit Prep	\$350	\$350
CDL 1 Week	\$1,000	\$1,000
CDL 2 Week	\$1,500	\$1,500
DOT Compliance Manager Training	\$625	\$625
Commercial Vehicle & Brake Inspector	\$625	\$625

Department Director Signature

Date