

WORKFORCE DEVELOPMENT

HB2 2025-26 SCHOLARSHIP APPLICATION



WORKFORCE DEVELOPMENT

(FOR NM RESIDENTS ONLY)

This application is for specific workforce training courses offered by the NMJC Workforce Development Division that results in a certificate of completion. A list of eligible trainings are listed below. Incomplete applications will not be accepted. Consideration will be given on a first-come, first-served basis. Scholarship awards are for partial costs of registration; remaining tuition balance must be paid at time of course registration. A limited number of funds are available. Application submission does not guarantee an award. Approval does not secure your spot in a training/program.

(Some programs may have prerequisites and fees that are not covered by this waiver.)

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
☐ AUTOMATION & INDUSTRIAL SYSTEMS	☐ AUTOMATION TECHNICIAN TRAINING	☐ PLC(PLEASE CIRCLE ONE)	INTRO	LEVEL 2	LEVEL 3	ADVANCE PACKAGE
☐ LEASE OPERATOR	☐ LINEMAN UTILITY	☐ CDL (1 WEEK)	☐ CDL (2 WEEK)	☐ DOT		

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

2-Hispanic/Latin

5-Native American

Male

Female

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

(If yes, where?)

Cancellation Policy If you are a recipient and cannot attend the training, please inform NMJC Workforce Development in writing (e-mail is acceptable) five (5) business days prior to the first day of training. Failure to do so will disqualify you from re-applying for another NMJC Workforce Development Scholarship for the remainder of the fiscal year. **If you do not successfully complete the training/program, you will not be eligible to apply for another Workforce Development Scholarship.**

I have read the Workforce Training Scholarship information and conditions and agree to supply the information necessary to be considered for this one-time scholarship.

Applicant Signature

Date

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**** OFFICIAL USE ONLY ****

Name of Applicant

Course Name

Date Application recieved

Start Date

Approved? ☐ Yes ☐ No

Reason for Approval

Reason for Non-Approval

☐ Incomplete Application

☐ Does not meet program requirements

☐ Cannot pay remaining balance

☐ Funding depleted

Date/Time Applicant was notified

Copy given to Executive Assistant? ☐ Yes ☐ No

COURSE NAME	SCHOLARSHIP AMOUNT	STUDENT REMAINING BALANCE
Pharmacy Technician	\$1,200	\$300
Dental Assistant	\$1,040	\$260
Clinical Medical Assistant	\$2,400	\$600
Certified Nursing Assistant	\$1,200	\$300
EMT- Basic	\$1,600	\$400
Advanced EMT	\$1,760	\$440
Medic First Aid CPR Instructor Course	\$440	\$110
Automation & Industrial Systems	\$2,000	\$500
Automation Technician Training	\$3,600	\$900
PLC (each level)(Intro, Level 2, Level 3, Adv)	\$960	\$240
PLC Package (Intro, Level 2 & Level 3)	\$2,640	\$660
Lease Operator Training	\$1,600	\$400
Lineman Utility Training	\$4,000	\$1,000
CDL Permit Prep	\$640	\$160
CDL 1 Week	\$1,600	\$400
CDL 2 Week	\$2,400	\$600
DOT Compliance Manager Training	\$1,000	\$250
Advance DOT Compliance Manager	\$1,600	\$400
Level 1 Roadside Inspection	\$520	\$130
DOT General Hazardous Material	\$520	\$130
Commercial Vehicle & Brake Inspector	\$520	\$130
Crash Investigation for Motor Carriers	\$520	\$130
Commercial Vehicle Safety Compliance	\$160	\$40

Department Director Signature

Date