### WORKFORCE DEVELOPMENT

### **HB2 2025-26 SCHOLARSHIP APPLICATION**



(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.

<u>Some programs may have pr</u>	erequisites and fees	that are not cov	<u>ered by this</u>	<u>waiver.)</u>	
ELIC	GIBLE TRAINING	PROGRAM	1S (check	cone)	
PHARMACY DENTAL TECH. ASSISTANT	CLINICAL MEDICAL ASSISTANT	CERTIFIED NURSING ASSISTANT	EMT BASIC	EMT ADVANCED	MEDIC FIRST AID CPR INSTRUCTOR COURSE
AUTOMATION & AUTOMATION INDUSTRIAL TECHNICIAN TRAINING	PLC( PLEASE CIRCL	E ONE) INTRO LE	VEL 2 LEVEL 3	S ADVANCE P	ACKAGE
LEASE LINEMAN OPERATOR UTILITY	CDL (1 WEEK)	CDL (2 WEEK)	DOT		
Full Name		Phone Nu	ımber		
Email Address		Social Sec	urity#	DOB-(M	IM/DD/YYYY)
Street Address					
City		State		Zip Code	
(Please Circle One) 1-White 2-Hispanic/Latin 3-African American	4-Asian 5-Native American 6- Other	Male	Female	Prefer not	to Answer
Are you a State of New M	exico resident?	Yes No			
Are you currently employe	ed (mark one):	Yes No			
(If yes, where?)					
Cancellation Policy If you are a reci acceptable) five (5) business days pr Workforce Development Scholarshi will not be eligible to apply for and I have read the Workforce Training S for this one-time scholarship.	ior to the first day of trainin p for the remainder of the f other Workforce Developr	ng. Failure to do so w fiscal year. <b>If you do</b> ment Scholarship.	ill disqualify yo not successful	u from re-applying  ly complete the t	g for another NMJC raining/program, you
Applicant Signature	Date	Date			

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# \*\* OFFICIAL USE ONLY \*\*

Name of Applicant		Start Date  Reason for Approval			
Course Name					
Approved? Yes No	•				
Reason for Non-Approval  Incomplete Application		Does not m	neet program requirements		
Cannot pay remaining balan	ce	Funding depleted			
Date/Time Applicant was notified					
Copy given to Executive Assistant?	Yes	No			
COURSE NAME	SCHOLAR	SHIP 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	\$1,960		\$440		
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 \$640		\$1,000 \$160		
CDL Permit Prep	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
CDL 1 Week	\$1,600		\$400		
CDL 2 Week	\$2,400		\$600 \$250		
DOT Compliance Manager Training	\$1,000		<u> </u>		
Advance DOT Compliance Manager Level 1 Roadside Inspection	\$1,600		\$400		
· · · · · · · · · · · · · · · · · · ·	\$520		\$130		
DOT General Hazardous Material	\$520		\$130		
Commercial Vehicle & Brake Inspector	\$520		\$130		
DOT General Hazardous Material	\$520		\$130 \$40		
Commercial Vehicle & Brake Inspector		\$160	1 \$40		
Department Director Signature		Date			