



Graduate/Completer Request for Assistance

Graduate/Completer Name: _____

AIS# _____

Program of Study: _____

Graduate/Completer contact information:

Phone: _____

Email: _____

Mailing address: _____

Employer contact information:

Company Name: _____

City & State: _____

Contact Person: _____

Phone: _____

Email: _____

Details of request (tools, safety gear, licensure, fees, etc.)

Requested by: _____

Date: _____

Employment verification notes:

Approved: _____

Date: _____

Amount of Award: _____

Funding Source: _____

Date award delivered/picked up/ shipped: _____

Date survey sent: _____

Response received: _____