

**Submit to the State Apprenticeship Office (SAO) by August 11, 2011**  
**\*\*\* No application will be considered if received after listed deadline date! \*\*\***

**ANNUAL APPLICATION FOR STATE IMPROVEMENT FUNDS**  
**TRADITIONAL APPRENTICESHIP RELATED INSTRUCTION**

**INSTRUCTIONS:** Complete items 1-7 on this form per program. Originals with signatures must be Received prior to August 11, 2011 in the State Apprenticeship Office (SAO) at the Arkansas Department of Career Education, #3 Capitol Mall Little Rock, AR 72201-1083. Due to limited funds, the SAO is now offering only one window for receiving applications. A second window may be available in January 2012. Funds are available for classes held **July 1, 2011 thru May 31, 2012.**

Class # 12-

LEA # \_\_\_\_\_

1. Program Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ City: \_\_\_\_\_

2. Program Sponsor (PS): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Local Education Agency (LEA): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Class Dates (mm/dd/yy): Start \_\_\_\_\_ End \_\_\_\_\_ Program Number prior year: **10-**\_\_\_\_\_

5. Number of Instructors \_\_\_\_\_ Number of Enrollment \_\_\_\_\_

6. State Funding Estimate:

Hours of Instruction \_\_\_\_\_ X Number of Instructors \_\_\_\_\_ X \$??/Instruction per hour = \$ \_\_\_\_\_

7. Printed Names and Signatures of applicants, representing the Program Sponsor and LEA:

We the undersigned apply for State Improvement Funds. We will not use more than 15% of these funds for administrative purposes. We will use these funds to improve the related instruction for our apprentices. **We also understand that: (a) reimbursement requests for Fall Classes are due in the SAO by January 16, 2012 (b) reimbursements for spring classes are due in the SAO by June 7, 2012 (c) funding shall be forfeited when reports are not received on time.**

A. PS Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

B. If the LEA is a state educational agency, acknowledge the possible requirement for a Professional Service Contract by initialing here \_\_\_\_\_.

C. LEA Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

8. Approval for Projected State Improvement Funds: Based upon the current reimbursement rate approved by the Arkansas Apprenticeship Coordination Steering Committee (AACSC) and the Department of Career Education (DCE), your traditional apprenticeship application is approved for state improvement funds projected but not to exceed: \$ \_\_\_\_\_ **For State Stamp Only**

9. This application for projected state improvement funds is approved:

DCE/SAO: \_\_\_\_\_ Date: \_\_\_\_\_

AACSC: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Budget cuts to the Arkansas Department of Career Education may result in a reduction of these projected funds. We cannot fund classes in June.**