



WILLOUGHBY WESTERN LAKE COUNTY CHAMBER OF COMMERCE EDUCATION & DEVELOPMENT PROGRAM--APPLICATION

Applicant Name: _____

Employer Name: _____

When was the company founded? _____
Month Day Year

Employer Contact Person: _____

Employer Phone: _____ E-Mail: _____

Course Name: _____

Cost of Course: _____

Purpose of Taking Course:

How does this class/certification benefit your company?

How long has the Applicant been employed by the Employer? _____

Will this training result in a change in position for the Applicant? Y N

If Yes, Old Position _____ New Position _____

Is this training increasing company headcount? Y N

Current Company Head Count _____ Company Head Count after training _____

REMEMBER: You must include proof of course completion and a copy of your payment receipt with this application or it will not be considered.

Applicant's Signature

Date

Employer's Signature (if applicable)

Date