



Little
Miracles

The ELM Foundation

Workforce Development Grant Inquiry Form

Name: _____ Today's Date: _____

Contact Telephone Number: _____ Email Address: _____

School Name: _____

Name of Certification Course: _____

Dates Course Offered: _____

Cost of Course \$ _____ Other Related Costs \$ _____

There is a work requirement for this development grant of a minimum of 20 hours per week

Current Place of Employment: _____ Weekly Working Hours: _____

How will **your** commitment to earning this certification help you with your future employment goals?

What is currently the most significant barrier to obtaining this certification?

Consent and Authorization to Release Information

- I agree to share my information with The ELM Foundation and am willing to speak with the case manager to learn more about the Workforce Development Grant.
- I recognize that this is a grant award based on demonstrated financial need.
- I understand that signing this does not guarantee funding or obligate me to participate in the program.

Signature _____ Date _____

Please email the completed form to Diane Bridgewater at
diane.peck@calhoun.edu

***** NOTE: The ELM Foundation does not provide emergency or crisis services such as housing or utility payments, food, or clothing. Please utilize ALHelp.org or call 211 for these needs. *****



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