

Application for Registered Apprentice Supports

CONFIDENTIAL

Date: _____

Student Name: _____ Student ID # (if applicable): _____

Address: _____

City, State Zip Code: _____

Email: _____ Phone: _____

College Name: _____

NYS Region (where student resides): _____

(Regional map: [NYS Regions](#))

➤ Name of Apprentice's employer _____

➤ Employer's address _____

Start Date (month/year) _____

Current Salary (may be entered as hourly or annual): _____

➤ Are you currently registered for classes? Yes _____ No _____

➤ If not, you must commit to enrolling at the SUNY college where you are seeking support within six months? Initial signifying to enroll within six months _____

Amount of critical, short-term support requested (cap of \$500): \$ _____

** Please attach receipt(s) or other back-up documentation*

Date assistance is needed: _____

Describe the need for this critical, short-term support:

Student Signature: _____

Date: _____

Staff Signature: _____

Date: _____