



Continuing Education Grant Reimbursement Application 2025-2026

Member Company Name: _____

CETA Member Firm Type: Check One: ☐ Manufacture Group ☐ Supplier Group ☐ Distributor Group

Name of Employee _____ Number of Years with Company: _____

Position/Responsibility - _____

How will this help and/or improve your business:

Class/Training Name/Type: _____

Date(s) of Class/Travel: _____

Cost of Class/Travel Expenses/etc.: _____

Attach receipts with application. Class/Training **must be completed before** consideration for Grant.

IMPORTANT! I have read the guidelines and procedures on the instruction page of this application and ask that I be considered for a CETA Scholarship Foundation Grant Award with full understanding of the conditions.

Employer Signature Date: _____

EMR Printed Name: _____ Title/Position: _____

Email address: _____ Phone: _____

Employee Signature Date: _____

Employee Printed Name Title/Position

Mailing Address to mail Grant to:

Street Address: _____

City, ST, Zip: _____