

**Please fill out and return this form to:**

Maria Griffin  
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## SHORT TERM INTENSIVE TRAINING (STIT) STUDENT FUNDING REQUEST

**Please complete this form in its entirety. This information will assist us in determining your qualification for Short Term Intensive Training (STIT) funding and is required for compliance with STIT guidelines.**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

(City) \_\_\_\_\_, UT (Zip) \_\_\_\_\_ SSN XXX-XX- \_\_\_\_\_ (last 4 digits of SSN)

Phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

STIT Course \_\_\_\_\_ Class Dates \_\_\_\_\_

Please check **one** of the following:

- \_\_\_\_\_ 1. I am currently seeking employment and need to obtain employable skills.
- \_\_\_\_\_ 2. I am employed but want to learn new skills to prepare me for a better job.
- \_\_\_\_\_ 3. I am enrolling in this course to prepare me to successfully complete a licensing/certification test required for securing and/or maintaining employment in my respective field.
- \_\_\_\_\_ 4. I am presently employed, but I need upgrade training. My employer will complete a letter indicating that I will receive a salary upgrade or promotion. If this item is checked, please complete the following confidential information used for compiling average wages for the annual report.

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Approx. Salary per hr./mo./yr.(circle one) \$ \_\_\_\_\_

- \_\_\_\_\_ 5. Since I do not meet STIT criteria, I wish to register as a self-sponsored student, at the self-sponsored rate.

**After you check one of the numbered items above, please read and sign below:**

As a STIT student, I commit to completing this course and its objectives. I understand that attending classes is vital to successful completion of this Short Term Intensive Training program, and I agree that I will notify STIT or the instructor if I am unable to attend class, prior to the beginning of the class. I also understand that my standing as a registered student in the program/course may be jeopardized if excessive absences occur. I agree to pay the full tuition cost if I fail to attend all class sessions.

As a STIT student, I understand that the STIT program will track my employment status for a period of one year, at quarterly intervals, or until employed. I am willing to be contacted by STIT regarding my employment status.

Requesting Student: \_\_\_\_\_  
Signature Printed Name Date

**For SLCC Use**  
Program Coordinator Approval: \_\_\_\_\_  
Signature Printed Name Date