

Request for Supportive Services

NOTE: This form is to be completed by the applicant for assistance and a Building Pathways staff person.

I am enrolled in an Apprenticeship Program or a graduate of a Building Trades Pre-Apprenticeship Program registered with the Massachusetts Division of Apprenticeship Standards.

Name	(print)	
Addres	s (print)	
Name o	of Apprenticesh	ip or Pre-Apprenticeship Program:
Applica	ant's Signature	Date:
Please c	complete the follow	ring questions and provide documentation as indicated in item 3 below.
1. N	My need for fun	ding can specifically be described as:
2. Amo	unt requested	\$
3. Attac	ched document	ation is:
□ M C	lust provide docu opy of the vehic	mentation that your household income is at or below 125% of Federal Poverty Level e registration in your name if, requesting gas card.
□ Fo	or childcare assi Must be ab requested.	stance: e to demonstrate full custody of children for whom childcare assistance is being
		documentation on an invoice or receipt on vendor letterhead from a daycare or childcare tered by the Department of Early Education and Childcare of the State of Massachusetts. tipend only)
☐ If yo	ou are requesting s, workwear, trai	assistance for the payment of union dues or apprenticeship fees, or the purchase of ning classes, or other items, must provide copy of bill statement or receipt of payment.
☐ If yo	ou are an appren gram. If you are	tice, must also provide documentation that you are in good standing in apprenticeship a graduate of a pre-apprenticeship program, must provide certificate of completion.
4. Build	ing Pathways s	taff person signature:
For office υ	use only:	
Approved (() Not Approve	d () Funding to date:
Executive L	Director Signature_	