

SPEEA ACE Grant

Apprentice Application 2026

1) Legal Name (Last Name, First Name, Middle Initial):		2) Date of Birth (MM/DD/YYYY):	
3) Preferred Name:		4) SSN:	
5) Street Address:			
6) City:	7) State:	8) Zip/Postal Code:	9) Cell Phone:
10) Email Address:			

12) Are you currently participating in an apprenticeship in support of achieving a career in the Aerospace industry?

☐ Yes

☐ No*

*Answering No means you are ineligible to receive this grant

13) Name of Apprenticeship Program: _____

14) Employer Name: _____

15) Employer Address: _____

14) Name of Supervisor: _____

• Supervisor Phone Number: _____

• Supervisor Email Address*: _____

*Required

The section below MUST be signed by your supervisor

Supervisor Printed Name: _____

Date: _____

Supervisor Signature: _____

By signing this document, I verify that the apprentice on this application is currently participating in an apprenticeship program at the site listed above, and that they are seeking a career in the Aerospace industry.

15) How many dependent children in need of childcare are living in the home?

16) How much childcare assistance are you requesting for this year?

❖ (Eligible apprentices may receive up to **\$5,000.00** max. per year)

17) Name of childcare facility:

- **Address:** _____

- **Phone Number:** _____
- **License Number*:** _____

*Required

18) Name of childcare facility contact: _____

- **Phone Number:** _____
- **Email Address*:** _____

*Required

Please send completed applications to: WSACgrants@wsac.wa.gov

*By signing below, I authorize the Washington Student Achievement Council to obtain and share information directly with my childcare facility related to this program. I also verify that all information on the application is correct. Funding for this program has been appropriated from the Society of Professional Engineering Employees in Aerospace Career Enhancement (SPEEA ACE) This program will be available through **June 30, 2026**.*

Apprentice Signature

Date