# Walsh County CAREER BUILDERS

#### **Employer/Company Requirements:**

- Ensure the applicant meets the State guidelines for the ND Career Builders Program
- Confirm the position is located in Walsh County
- Ensure timely payment of the agreed upon private donation to the ND Career Builders (through the Walsh County Career Builders Program) by the last day of each quarter
- Require the applicant to commit to a 3-year work agreement
- Provide an accurate and current job description for the applicant
- This is not intended to subsidize wages
- Employer/Company is current on all Walsh County Property Taxes

### Applicant Requirements:

- Agree to work in Walsh County for 3 years and reside in North Dakota during the 3-year period
- Meet all rules and requirements for the ND Career Builders Program
- Enroll in a designated ND college and maintain the required GPA
- Repay scholarship dollars if the terms of agreement aren't met
- Sign a legally binding Scholarship Award Agreement
- Be accepted into a program at the associate's level or below, or other program up to and including a bachelors level that is not longer than 4 semesters or 6 quarters and is on the high-need and emerging occupations list
- If not yet accepted into a qualifying program, provide anticipated acceptance date
- Scholarship amount will not exceed cost of attendance for program of study after other scholarships and grants are applied. The total amount may not exceed \$17,000.

	NDUS Amount	WCCB Amount	Employer Amount	TOTAL
Semester 1	\$2,125.00	\$1,062.50	\$1,062.50	\$4,250
Semester 2	\$2,125.00	\$1,062.50	\$1,062.50	\$4,250
Semester 3	\$2,125.00	\$1,062.50	\$1,062.50	\$4,250
Semester 4	\$2,125.00	\$1,062.50	\$1,062.50	\$4,250
TOTAL	\$8,500	\$4,250	\$4,250	\$17,000

### Example of Total for One Recipient

For more information, questions, or concerns contact Stacie Sevigny, Executive Director of Walsh County JDA, (701) 352-3550 or Stacie@redriverrc.com

# Scholarship Program

# Walsh County CAREER BUILDERS

### **Employer/Company Information**

Employer/Company:				
Representative Name/Title:				
Representative Email:	Phone:			
Address:				
City, State:				
Representative Signature: Date Signed:				
Applicant Information				
Applicant Name:				
Future Job Title:				
Name of Institution/Provider of qualifying degree/certification:				
Date accepted into High-Need/Emerging Occupation program/certification:				
If not yet accepted, expected acceptance date:				
Anticipated Salary (optional): (Annual/ Mor	nthly) DOB:			
Applicant Email:	Phone:			
Address:				
City, State:	Zip:			
Applicant Signature:				
Date Signed:				
* ATTACH ACCURATE JOB DESCRIPTIO	N FROM EMPLOYER *			

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