



Application

Arkansas Certified Pre-Apprenticeship Program (ARPAP)

Applicant Information

Application Submission Date:

Organization Name:

Organization Address:

City:

State:

Zip Code:

Contact:

Contact Email Address:

Contact Phone Number:

Program Delivery

Pre-Apprenticeship Training Name/Title:

Describe the proposed pre-apprenticeship training activity, explaining the alignment to RAP. Specify the number of hours credited for entry into a RAP upon successful completion of pre-apprenticeship training.

Is this anticipated to be a recurring program?

YES

NO

If yes, describe details for offering recurring training.

Provide a description of the pre-apprentice candidate pool, including details regarding barriers to participation that would require access to supportive services to successfully complete.

How many anticipated trainees:

Provide a description of employer partner participation:

Anticipated Training Start Date:

Anticipated Training End Date:

Required Partners

Name of Pre-Apprenticeship Training Provider:

Name of Partnering RA Sponsor:

Name of Partnering Employers:

Is a fully executed (signed) Employer Agreement included in this application? YES NO

Funding Request

Applicant is requesting funding assistance: Yes No

If yes, email a descriptive budget narrative to the Office of Skills Development at:
OSD.OAapplications@arkansas.gov

If yes, provide an estimate of the total amount requesting:

and provide an estimated cost for each pre-apprentice:

Reporting

The applicant agrees to provide pre-apprenticeship reporting to OSD **YES** **NO**

Signature

Date

Selecting "Apply Now" will automatically submit your form to the Office of Skills Development. Be sure to have the attached Employer Partner Agreement signed prior to submission. If you want a copy of your application be sure to save a copy prior to submission.

To be completed by OSD

Date of application receipt:

Date of OSD review:

Application Disposition:

Approved	Conditionally Approved	Denied	Other
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Comment Section:

Employer Partnership Agreement Arkansas

"Certified" Pre-Apprenticeship Program (ARPAP)

The ARPAP Employer Partnership Agreement signifies the formal relationship between the parties associated with the training.

A partnering ARPAP employer agrees to provide pre-apprentices with workplace exposure opportunities as a component of the pre-apprenticeship training experience. Workplace exposure can occur via presentations about the industry, company, career pathways as well as hands-on activities applicable to specific operations within the company. The partnering ARPAP employer agrees to provide successful ARPAP completers with preferred consideration for acceptance into their RAP.

If there is more than one employer partner, attach a document listing each employer partners' name, physical address, city, state, contact name, and email address. Additionally, a signed employer partnership agreement is required for each employer partner.

Pre-Apprenticeship Training Name/Title (same as denoted on application):

Name(s) of Partnering Employer(s):

Contact:

Email:

Phone:

Date:

Signature

Name of Pre-Apprenticeship Training Provider:

Contact:

Email:

Phone:

Date:

Signature

Name of Partnering RA Sponsor:

Contact:

Email:

Phone:

Date:

Signature