



Program Participation Agreement

I, _____, understand that:
(Please Print Name)

- 1) The MEND grant is funded by the Department of Labor with a focus on future employment. It is my duty to make a good faith effort to finish the program in which I am currently enrolled and begin working in the healthcare field upon completion.
- 2) To receive funds through the program, I must apply for federal student financial aid to determine my eligibility for other aid sources. I must provide documentation both that the aid application has been submitted, and subsequently report notice of award or denial of my application to the grant staff.
- 3) If student financial aid grants are awarded, I understand that those funds must be used first for tuition and books. The Program funding will only be used to cover the balance remaining, if any, after student financial aid has been applied. This provision does not apply to student loans.
- 4) Use of program resources must be mutually determined and agreed upon between grant staff and me. Training and supportive service benefits are contingent on the availability of funds and the maximum amounts as defined by Employ Milwaukee policies and procedures.
- 5) Because the program is a federally funded program utilizing tax dollars, the staff must keep accurate records of participation and performance and are accountable to periodically assess whether I am making satisfactory progress toward my employment goals.
- 6) It is my duty to attend all scheduled appointments with and maintain contact with my grant staff person to report my status regarding program participation including course attendance, course/program progress, challenges, successes and/or employment.
- 7) I will treat my academic program like employment. If I encounter a significant challenge to my academic progress, I will alert the grant staff as soon as possible. If something changes with my schooling, courses, books required, financial aid, employment, dependents, or transportation, I must alert my grant contact to ensure timely resolution.
- 8) Program staff are required to report employment outcomes of all participants who gain employment during and/or after participation in the program to the Department of Labor, whether the staff were directly or indirectly responsible for the employment or not. Required information will include name and location of employer, job title, start date, rate of pay, hours per week and availability of benefits. Paycheck stubs or hire letters are examples of employment verification. I will follow up with the grant staff when this information is requested.
- 9) I will try my best to attend work readiness and professional development opportunities that are presented to me through my academic program and/or by my Career Coach. Continuing education is encouraged after employment. Taking advantage of employer tuition reimbursement funds is a practical strategy that I will explore to continue my growth as a healthcare professional.

10) Failure to comply with the standards of this agreement could lead to review of the grant award and possible termination of the funding.

I hereby attest that I have read and understood the above, and I agree to enroll and participate in the MEND grant program accordingly.

Participant Signature

Date

MEND Grant Staff Signature

Date

A proud partner of the  network

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.

Revised: 04/24/25