

West-MEC Industry Credentials Grant Reimbursement Form

Grant Application for Certification and/or Licensing Fee(s)

West-MEC is offering a grant opportunity to **High School*** students completing West-MEC Programs**, by providing reimbursement for industry specific licensing/certification exam(s). This grant will be awarded to students who are enrolled in a West-MEC Program and completed the corresponding industry licensing/certification exam(s). *Individuals who have had their exam fee reimbursed by any other institution(s) or organization(s) are not eligible for this grant.*

Awards will be based on availability of funds. Grant reimbursement requests deadlines are listed on page 2. **For programs that have multiple exams, completers are encouraged to submit their reimbursement request as they complete each exam. Late requests will not be considered.**

Reimbursement Process:

For exams where the program completer is responsible for paying the required exam fee(s) upfront, West-MEC will reimburse the fees after the following criteria have been met:

- A copy of the exam fee payment receipt(s), exam results, and completer information survey are submitted with the Grant Application to West-MEC through the email address or mailing address listed below.
 - Note: Reimbursement requests are processed monthly, please anticipate an 8-12 week time period to receive your reimbursement after all required documents have been received.

Students must submit:

- ☐ Reimbursement Request Form
- ☐ Exam Fee Payment Receipt
- ☐ Exam Result Report
- ☐ Completer Information Survey (on Reimbursement Request Form)

Mail or Drop-Off Required Documents:

West-MEC Industry Credentials Grant

C/O West-MEC Career Services

5487 North 99th Ave.

Glendale, AZ 85305

Drop Off Hours: Monday – Friday, 8:00 a.m. – 4:00 p.m.

For questions, contact:

West-MEC Career Services at

623-738-0057

Scan/email required documents:

careerservices@west-mec.org

* “High School Students” includes those who are currently enrolled or have obtained their high school diploma while completing their West-MEC Central Program.

** Eligible Programs: Aesthetics, Aviation Maintenance, EMT, Cosmetology, Pharmacy

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Reimbursable Industry Credentials and Certificates by Program **FOR STUDENTS COMPLETING SPRING 2025 (Aesthetics, EMT, Cosmetology, Pharmacy) | June 2025 (Aviation)**

Program	Certification Test	Deadline to Submit	Maximum Fee Reimbursed
Aesthetics	AZ Barbering & Cosmetology Board License Application Fee	8/31/2025	\$63
Aesthetics	Pacific Credential Services Cosmetology Exam	8/31/2025	\$177
Aviation	General Oral and Practical Exam	06/17/2026	\$200*
Aviation	Airframe Oral and Practical Exam	06/17/2026	\$200*
Aviation	PowerPlant Oral and Practical Exam	06/17/2026	\$200*
EMT	National Registry of EMTs National EMT	8/31/2025	\$104
Cosmetology	AZ Barbering & Cosmetology Board License Application Fee	8/31/2025	\$63
Cosmetology	Pacific Credential Services Cosmetology Exam	8/31/2025	\$177
Pharmacy	AZ State Board of Pharmacy License Application Fee	8/31/2025	\$82**

*West-MEC will reimburse up to a maximum amount of \$600.00 for Aviation certifications. If students test outside of West-MEC, students may be charged more and will not be reimbursed for any amount over \$600.00.

**Must be 18 years or older to apply for this License. If a student turns 18 after the deadline-to-submit date please contact Career Services, careerservices@west-mec.edu, for an extension.

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PLEASE PRINT

Student Name: _____ Email Address Student: _____

Central Program (ex. Aviation, etc.): _____ Date of Program Completion: _____

Campus: ☐ Central ☐ Northeast ☐ Northwest ☐ Southwest ☐ Gateway Deer Valley ☐ Glendale Community College

Name of license/certification: _____ Date of Exam: _____

Home Address: _____

(City) (State) (Zip)

Phone: Home: _____ Student Cell: _____ Parent Cell: _____

West-MEC Completer Information Survey:

1. Are you currently employed?	____ Yes	____ No
a. If yes, is your current position related to your West-MEC Program?	____ Yes	____ No
b. If yes, list your employer:		
2. Are you currently serving in the military?	____ Yes	____ No
a. If yes, which branch of the military?		
b. If yes, is your military training related to your West-MEC Program?	____ Yes	____ No
3. Are you currently enrolled in, or attending further education courses?	____ Yes	____ No
a. If yes, list your school		
b. If yes, are your courses related to your West-MEC program?	____ Yes	____ No
4. Would you recommend a West-MEC program to someone you know?	____ Yes	____ No

REQUEST FOR REIMBURSEMENT FOR CERTIFICATION EXAM FEE

Please anticipate an 8-12 week time period to receive your reimbursement after all required documents have been received.

Name of **Individual** to be Reimbursed (Print clearly): _____

Mailing Address of **Individual** (Reimbursement check will be mailed to this address):

Street Address

City State Zip

☐ Proof of Payment for Exam Fee Attached ☐ Exam Result Attached ☐ West-MEC Completer Information Survey

Parent/Guardian Name: _____ Parent Email: _____

Parent/Guardian Signature Authorizing Reimbursement to Individual Above if under 18: _____

I understand in order to receive reimbursement I will need to provide a copy of my exam fee payment, license/certification exam results, and completer information survey to West-MEC. Information provided on this form is true and complete to the best of my knowledge. All information provided will be kept in strict confidence.

I certify that I have not been awarded a grant or reimbursement for this exam fee by any other institution or organization.

Student Signature and Date

Parent Signature and Date (If under 18)