



OWATONNA
AREA CHAMBER OF COMMERCE



2024 SteeleCo.Works Work Experience Grants

Student Name: _____

Student Year in School: _____

School Student Attends: _____

Business Providing Work Experience: _____

Please Explain the Type of Work Experience:

Hourly Pay (must be at least \$12.50/hour): _____/Hour

Number of Hours Anticipated (Must Work 40 hour minimum; Grant pays for up to 160 hours): _____

Work Experience Begins (Date): _____

Work Experience Ends (Date): _____

Grant ends 11/30/2024

The student must be paid a minimum of \$12.50/hour and the Chamber will reimburse up to \$15/hour up to 160 hours total. Submit your grant application to Brad Meier, bmeier@owatonna.org

Signed by: _____
(Business Representative)