



**OWATONNA**  
AREA CHAMBER OF COMMERCE



**SteeleCo.**  
**Works**

### 2025 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): \_\_\_\_\_

Round 2 Grant Ends: 12/31/2025

Submit an invoice to the Owatonna Area Chamber of Commerce by the 5<sup>th</sup> of the month with documentation of the number of hours and pay rate for the student to [RGuthier@Owatonna.org](mailto:RGuthier@Owatonna.org). 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.

Signed by: \_\_\_\_\_  
(Business Representative)

Workforce Coordinator: \_\_\_\_\_  
Date: \_\_\_\_\_