Office of the Governor



STATE CAPITOL MONTGOMERY, ALABAMA 36130

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Kay Ivey Governor

STATE OF ALABAMA

April 20, 2021

Dear Alabama Work-Based Learning Stakeholder,

Over the past two years, Alabama has expanded access to quality work-based learning programs that operate at the speed of business. During the COVID-19 workforce recovery, Alabama is focused on training Alabamians for resilient occupations through rapid reskilling and work-based learning. To do so, we must identify and bring to scale our most effective examples of work-based learning.

To recognize the outstanding progress being made in the area of work-based learning, I am pleased to announce that nominations are now open for the First Annual Governor's Work-Based Learning Seal of Excellence Awards. Completed applications must be submitted by email to info@alapprentice.org no later than 5 pm on Friday, June 4, 2021. Regional Best Practices will be announced Friday, June 25, and representatives from those programs will present at regional work-based learning trainings in August and September. From those Regional Best Practices, the statewide winners of the Governor's Work-Based Learning Seal of Excellence Awards will be selected and announced on October 1, 2021. Representatives from these programs will be asked to present at the Governor's Work-Based Learning Summit in November.

I would like to extend my appreciation to all those who continue to commit a great deal of time and energy to expanding work-based learning in Alabama. The success of work-based learning is a team effort, requiring collaboration among many stakeholders including employers, education institutions, and diverse state agencies. Your dedication is a key to success in strengthening our talent pipelines and ensuring that Alabama citizens are on paths to good jobs and promising careers.

Kay Ivey Governor

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Alabama WBL Best Practice Recognition Application

Best Practice Recognition Application Deadline: Friday, June 4, 2021

| School | /Business Name | | |
|--------------|--|----------------|--|
| Contact Name | | | Phone |
| Email _ | | | |
| Street A | Address | | |
| City | | _ Zip | County |
| Select | one: | | |
| | pplete the section below plea rization of your program. | se refer to th | e WBL Handbook HERE for correct |
| Type o | f WBL (If you have more tha | an one, you c | an submit multiple applications.) |
| | Job Shadowing | | Internship |
| | Career Fair/Expo | | Clinical/Practicum Field Experience |
| | Employability Skill Trainin | ng | Cooperative Education |
| | Industry Tours | | On the Job Learning |
| | Simulated Workplace | | Pre-Apprenticeship |
| | Externship | | Registered Apprenticeship |

On the next page, describe your program. Include details about:

- Number of students participating
- Number of employers participating
- Program start date

- Scheduling (Offered during school day? Summer? After school or weekends?)
- Ages or grades that are targeted
- Marketing/advertising
- Entry requirements for students
- Requirements for employer participation

You may also attach:

- up to 10 photos
- link to website
- letters from employer partners (limit of 3)
- participant impact statement (limit of 3)

| Use the space below to describe your WBL program. Attach a separate sheet for each program if you are submitting more than one for consideration. |
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