



## 2022 PAA TOOL GRANT APPLICATION For New Service Technicians

### **PAA will award 100 Automotive Technicians a \$1,000 tool grants**

This award is intended for technicians who are **new full-time hires and the first time hired at a franchised new car and truck dealership in Pennsylvania.**

#### **TOOL GRANT GUIDELINES AND CRITERIA:**

- One tool grant awarded per dealership rooftop, per calendar year.
- New technician must be employed for 90 days before applying, but not longer than one year.
- Service Manager or Dealership Management must approve the technician.
- Technician has choice of tool brand and Tech retains ownership of tools.
- Tool grants will be awarded on a **first-received, first-awarded basis.**

## TOOL GRANT APPLICATION

### **This section must be completed by Technician:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you a student or graduate of a technician-training school/program?\* Check one:    Yes    No

If yes, name of school/program and grad date: \_\_\_\_\_

*\*Being a graduate of a technician training school/program is not a requirement of the PAA Tool Grant Program.*

Signature: *(signature may be typed)* \_\_\_\_\_

**if awarded a PAA Tool Grant, your signature acknowledges that you will complete a W-9 and receive a 1099 for tax purposes.**

**This section must be completed by the Service Manager or Dealership Management:**

**DEALERSHIP INFORMATION**

Technician Date of Hire: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

I verify that \_\_\_\_\_ (Technician's Name)  
has completed 90 days of full-time employment as a technician, at \_\_\_\_\_  
\_\_\_\_\_ (Dealership Name) and I recommend this  
technician as a qualified applicant for the PAA \$1,000 Tool Grant Program.

Service Manager or Management Printed Name: \_\_\_\_\_

Signature: *(signature may be typed)* \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Technician's Tool Preference - Check One:            Tool Truck        Retail Store Gift Card

If Tool Truck, Name of Tool Company, Who to Make Check Payable and Address:

\_\_\_\_\_  
\_\_\_\_\_

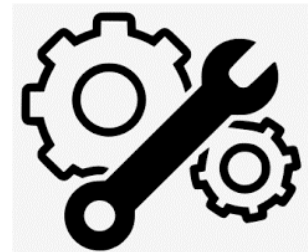
If Retail Store Gift Card, Please Indicate Store Name: \_\_\_\_\_

\_\_\_\_\_

***Fastest Way to Submit Completed Application:***

- Complete online, save and email to [toolgrants@paa.org](mailto:toolgrants@paa.org) or print, complete, scan and email to [toolgrants@paa.org](mailto:toolgrants@paa.org)

Or mail to:  
PAA Tool Grant Program  
PO Box 2955  
Harrisburg, PA 17105  
ATTN: Kelly Fromuth



***Questions??***

Contact: Kelly Fromuth - (717) 255-8311 x3342 or (717)201-0808 - [toolgrants@paa.org](mailto:toolgrants@paa.org)  
or Melanie Stine - (717) 255-8311 x3327