

LINN COUNTY
2017 SUMMER YOUTH EMPLOYMENT GRANT
PROGRAM APPLICATION

Company Name _____

Address _____

Contact Person _____ Phone # _____

of positions applied for under this grant _____

Job Description (attach separate page, if necessary)

Total hourly salary to be paid \$ _____ (\$8.00 minimum required)

Hours per week to be worked _____

Duration of job, i.e., temporary or permanent _____

***Return application to: Linn County Economic Development
P.O. Box 350
Mound City, Kansas 66056***

Office Use Only

Grant Awarded: YES NO

Comments: _____