



2026 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): _____

Submit an invoice to the Owatonna Area Chamber of Commerce by the 5th of the month with documentation of the number of hours and pay rate for the student to bmeier@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: _____
(SteeleCoWorks Coordinator)

Signed by: _____
(Business Representative)

