



**GibbsCAM Cooperative Educational Software Grant Application**

Reseller:

Date:

Name of School:

Address:

City:

State:

Zip:

Phone:

Extension:

Fax:

Primary Contact Name:

Title:

Department:

Phone:

Email:

Secondary Contact Name:

Title:

Department:

Phone:

Email:

Number of Seats Requested:

(Maximum 25)\*

Note: Software Grants can only be issued as Network Licensed software seats.

Where will this software be used? (Check all that apply)

Training Seats (in Lab)

Shop Floor Programming (in Machine Shop)

Will this software be taught as? (Check all that apply)

Standard Curriculum Course

Continuing Ed. Courses

Mini-Classes or Symposiums

What Machine Tools will be supported at this facility?

Machine Make

Machine Model

Controller Make

Controller Model

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.







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**Application Status:**

Distribution Manager:	<input type="checkbox"/> approved	<input type="checkbox"/> disapproved
Notes:		

Vice President, Sales:	<input type="checkbox"/> approved	<input type="checkbox"/> disapproved
Notes:		

Upon approval of this application, GibbsCAM Reseller agrees to provide status information for this educational facility regarding class progress (actively teaching or not), marketing events (such as seminars, reseller initiated training sessions, or other marketing events), and other pertinent information, as requested by Gibbs and Associates personnel.

