[Date]

[Participant Name]  
 [Participant Address]  
 [Participant City, State, Zip Code]

Dear [Participant Name],

Congratulations! It is with great pleasure that I offer you conditional acceptance to the Illinois Works Pre-apprenticeship Program at [Provider Name]. Based on your application and interview, I have confidence that you will be an outstanding addition to our cohort beginning this [Fall/Winter/Spring/Summer]. Prior to beginning the program, we ask that you complete the following steps:

1. ***[Insert Conditional Item –Highlight any conditional item]***
2. ***Verification Documents***

Prior to or on your first day of training please bring in documentation that confirms your date of birth (i.e., Driver’s License/State ID, Birth Certificate) and your high school/GED completion (i.e., Diploma, Official Transcript).

1. ***Set-up an Intake Appointment.***

Now that you have been accepted to the program, there are a host of support services available to you. During your intake appointment our team will provide you with a list of services available through our agency or partner agencies designed to bolster your success. During this meeting we also welcome your questions about the program. Call our office at [Provider Phone Number] to set-up your intake appointment as soon as possible.

***Please note that if you do not complete the item(s) highlighted above, your acceptance to the program may be revoked at the discretion of the program.***

Program Information:

Program Address: [Program Address]

Program Dates & Times: [Program Dates & Times]

We cannot wait for you to join our program! Please don’t hesitate to reach out to me or any member of our team.

Sincerely,

[Program Contact Signature]  
 [Program Contact Typed Name]  
 [Program Contact Email]  
 [Program Contact Phone Number]

*This document was developed by the Office of Illinois Works for the use by Illinois Works Pre-apprenticeship Program grantees.*