

INDIVIDUAL TRAINING ACCOUNT

South Central Workforce Investment Board
 408 Washington Avenue, Suite 210
 West Plains, MO 65775 (417)257-2630

<input type="checkbox"/>	WIOA AD
<input type="checkbox"/>	WIOA DW
<input type="checkbox"/>	WIOA OSY
<input type="checkbox"/>	WIOA ISY

<input type="checkbox"/>	SkillUP TANF
<input type="checkbox"/>	SkillUP FNS
<input type="checkbox"/>	MHC

Name of Participant: _____	State ID: _____
Training Agency: _____	Phone: _____
Attention: _____	Contact Person: _____
Course Title: _____	Begin Date: _____
SOC Code: _____	End Date: _____
Course Eligible For Pell Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No	

******* USE THE FOLLOWING FOR BILLING PURPOSES *******

Educational Training Cost: _____	Pell Grant: _____	Funding Sources: _____	Funding Sources: _____
Fiscal Year: _____	Fiscal Year: _____	Fiscal Year: _____	Fiscal Year: _____
Tuition: _____	Tuition: \$ -	Tuition: \$ -	Tuition: \$ -
Fees: _____	Fees: \$ -	Fees: \$ -	Fees: \$ -
Supplies/books: _____	Supplies/books: \$ -	Supplies/books: \$ -	Supplies/books: \$ -
Room & Board Other: _____	Room & Board Other: \$ -	Room & Board Other: \$ -	Room & Board Other: \$ -
Total: \$ -	Total: _____	Total: _____	Total: _____

Pell grant must be fully utilized for educational costs before workforce dollars can be allocated. Attached is the Coordination of Training funds form signed by the educational facility that indicates the above students' financial need and possible financial assistance options.

The undersigned on behalf of The South Central Workforce Investment Board, Inc has agreed to reimburse for costs listed above; however, funding for second year, if applicable, of training will be contingent upon appropriations for the next fiscal year. The students funding year begins the first day of the approved training course.

Employment Specialist	Date
Participant Signature	Date