

Individual Training Account (ITA) Agreement

Participant: _____ ID# _____

ITA Start Date: _____ ITA End Date: _____

Amount of Individual Training Account (ITA): \$ _____

Training Provider: _____

Demand Occupation: _____

ACKNOWLEDGEMENT AND AGREEMENT

- The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP).
- ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.
- This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA Agreement must be approved per Workforce Development Board policy and only for exceptional circumstances.
- It is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with my Career Manager and verify my ITA balance as necessary.
- I understand that I must meet or exceed attendance and academic requirements of the school/training provider.
- I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment. My Career Manager has counseled me in regard to this issue.
- Continued participation is subject to continued availability of funding by the Department of Labor.
- I agree to monthly contact with my Career Manager to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.
- I will immediately inform my Career Manager of changes of name, address, phone number, email address or back-up contact information.
- Prior to the beginning of each new semester I will schedule an appointment with my Career Manager to complete a voucher for the upcoming semester. I agree to provide any documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and Financial Aid Award letter.
- In the event that I drop or add a class, I will notify my Career Manager immediately.
- ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I will be responsible for paying for such class the second time.
- Upon completion of my training, I agree to provide my Career Manager with information concerning my employment and copies of any diplomas, credentials, or licenses earned.

I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.

ITA Participant's Signature

Date

I have established this ITA and reviewed the terms of this Agreement with the client.

WIOA Service Provider's Signature

Date

An Equal Opportunity Employer (EOE) / Program
Auxiliary aids and services are available upon request to individuals with disabilities.