

COORDINATION OF TRAINING FUNDS

SECTION I: To be completed by WIOA Title I staff for provision to the Training Provider.

TO: FINANCIAL AID OFFICE

ATTENTION: _____

FROM: _____

TRAINING PROVIDER: _____

FAX OR E-MAIL ADDRESS: _____

TRAINING PROGRAM: _____

PARTICIPANT NAME: _____

FAX OR E-MAIL ADDRESS: _____

ID NUMBER: _____

I hereby authorize the exchange of information between the WIOA Case Manager and the Financial Aid Office of the above named Education/Training Facility regarding the cost of training and the award of any financial aid from any source.

Signature of Participant _____

Date _____

SECTION II: The following section is to be completed by the financial aid office and cannot be revised by WIOA staff.

Start Date: _____ PERIODS COVERED End Date _____

- Checkboxes for Fall, Spring, Summer, Trimester I, II, III, and Full Length of Short Course.

COST OF ATTENDANCE *

STUDENT'S FINANCIAL AID

Tuition and Fees \$ _____
Books, Supplies and Tools \$ _____
Uniforms \$ _____

PELL Grant Eligibility \$ _____
Student or Program is not PELL eligible

OTHER EXPENSES RELATED TO TRAINING **

ALL OTHER FINANCIAL RESOURCES, EXCLUDING LOANS AND VA BENEFITS

Multiple lines for listing other expenses with dollar amounts.

Multiple lines for listing other financial resources with dollar amounts.

Total Cost of Attendance \$ _____ minus Student's Financial Aid \$ _____ equals Unmet Financial Need \$ _____.

By signing below, the financial aid officer (or the school's designated personnel who performs those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid awarded to the participant as part of a continuing, regular information sharing process.

Financial Aid Officer _____

Date _____

*As defined by the Higher Education Act Section 472, enacted December 20, 2018.
**Other expenses related to training may include transportation, room and board (as defined by the Higher Education Act), vehicle insurance, and other items allowable in Section 472 of the Higher Education Act.

SECTION III: The following section is to be completed by the WIOA Title I Case Manager.

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA Title I funds are necessary for attainment of the participant's employment goal.

WIOA Title I Service Provider's Signature _____

Date _____

Title _____