

COORDINATION OF TRAINING FUNDS

SECTION I

TO: _____ FROM: _____
 SCHOOL: _____ ATTENTION: _____
 ADDRESS: _____ ADDRESS: _____

SECTION II

Participant Name: _____ ID Number: _____

I hereby authorize the exchange of information between the WIA Case Manager and the Financial Aid Office at the above named School regarding the awarding of any financial aid from any source.

Participant's Signature Date

SECTION III (The following section is to be completed by the financial aid office)

COST OF ATTENDANCE

Tuition \$ _____
 Fees \$ _____
 Supplies \$ _____
 Books \$ _____
 Tools \$ _____
 Uniforms \$ _____
 Other (Please Specify) \$ _____
 \$ _____
 \$ _____
 \$ _____

STUDENT'S FINANCIAL AID

PELL Grant Disbursement \$ _____
 ___ was not eligible due to income
 ___ was not eligible due to default
 ___ Training Provider is not PELL eligible

OTAG \$ _____
 OLAP \$ _____
 SEOG \$ _____
 Tribal/BIA \$ _____
 R.O.T.C. \$ _____
 Tuition Waiver \$ _____
 Vocational Rehabilitation \$ _____
 Scholarship(s) \$ _____
 VA/Military \$ _____
 Other (Please do not include loans) \$ _____

PERIODS COVERED:

Fall _____ Trimester I Full Length of Short Course
 Spring _____ Trimester II
 Summer _____ Trimester III

Cost of Attendance \$ _____ minus Student's Financial Aid \$ _____ equals unmet financial need \$ _____.

By signing below, the financial aid officer (or those personnel who perform those duties) agrees to inform the local WIA program operator of the amounts and disposition of financial aid to each participant awarded after the enrollment of the participant, as part of a continuing, regular information sharing process.

FINANCIAL AID OFFICER

DATE

SECTION IV Alternate Sources of Funding (for WIA Office Use Only)

___ Yes Program _____ \$ _____
 ___ Yes Program _____ \$ _____

Unmet financial need from Sec. III \$ _____ minus alternate funding from Sec. IV \$ _____ equals adjusted unmet financial need \$ _____.

I certify that funds are not available or are inadequate from other financial resources such as TAA to ensure the participant's needs are met. After review of partner agencies, other social service agencies, and other community resources, I have determined that WIA Funds must be used in the mix of available resources. I certify that WIA funds will be coordinated with other funds and there will be no duplication of resources.

WIA SERVICE PROVIDER'S SIGNATURE

DATE

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