

WIOA Customer: _____

Training Advisor: _____

WorkSource Board: _____

School Information

School: _____

Program: _____

Location: _____

Phone: _____

Admission Criteria

Diploma/GED Required? YES NO

Physical Abilities: _____

Pre-requisites Completed: YES NO

Reading Level: _____

Math Level: _____

Language Level: _____

Placement Goals

Entry Wage Goal: _____

Placement Services: YES NO

Financial Aid Available

Pell Grant: YES NO

Hope Scholarship: YES NO

Other Aid: YES NO

(List: _____)

Is the program on the ETPL? YES NO

Contact: _____

Fax: _____

Program Information

Class Start Date(s): _____

Class End Date(s): _____

Total Curriculum Hours: _____

Total Number of Weeks: _____

Days Per Week: _____

Hours Per Week: _____

Fee Schedule

Tuition: \$ _____

Application/Registration Fee: \$ _____

Equipment/Tools: \$ _____

Books/Supplies: \$ _____

Test Fee(s): \$ _____

Other: (List) \$ _____

(List: _____)

Less (-) Grants or Aid: \$(_____)

Total Program Amount: \$ _____

I, _____ (School Representative), verify that _____

(student) has been accepted with no contingencies to the _____ (course

name) program and all information provided is correct and accurate.

School Representative Signature

Date

School Representative Print Name

Title

Contact (Email/Phone)