

# Estimate of Obligated Training/Support Cost Sheet

Year 1      Year 2      (circle one)

Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Training Provider: \_\_\_\_\_ Program: \_\_\_\_\_

Start date: \_\_\_\_\_ Projected end date: \_\_\_\_\_

## Estimate of Obligated Training and Support Costs

Quarter/Semester					TOTAL
Tuition					
Supplies					
Books					
Other Fees					
TOTAL					
Less FAFSA					
Balance (WIOA Funded)					

Quarter/Semester					TOTAL
Tuition					
Supplies					
Books					
Other Fees					
TOTAL					
Less FAFSA					
Balance (WIOA Funded)					

Support					
Childcare					
TOTAL					

Please note any other needs or concerns:

This service plan summary has been developed with my cooperation and I have received a copy. I will follow through on achieving my goals and objectives within the agreed upon time frame. I also acknowledge this funding, valued at \_\_\_\_\_ is offered to me at no cost. Because this is a federally funded program, based on a plan I agree to, another training opportunity will not be available to me if I fail to follow through on my commitment to this plan. I authorize a copy of this plan to be retained in my participant file and to be shared with other support counselors who may work with me. **I understand that Hope and Pell Grants must be applied prior to receiving WIOA funding based on availability.**

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

I attest that this individual service plan summary has been developed with the assistance of the participant and the information reported in the plan is correct.

Career Advisor's Signature \_\_\_\_\_

Date \_\_\_\_\_