

Financial Statement

Today's Date:

Is this a revised/updated form? Yes

No

Participant and Training Information

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| WIOA Customer Name (first and last) Customer's Career Connect State ID# Career Coach Name WIOA Certified Training Provider WIOA Training Program Name Registration Date (List the date the customer needs to submit the voucher to the training provider) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Financial Aid and Other Subsidies

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| A. Total Program Cost (including books, expenses, and tests) The amount listed here must match the total listed in Illinois workNet | |
| Type of Funds to be Used Toward Training | Amount (\$ listed here will be applied to the program) |
| B. State Funds Awarded applied toward tuition | |
| C. Federal Funds Awarded (Pell) | |
| D. Customer of School Contribution | |
| E. Customer Private Student Loans | |
| F. Total Subsidies/Previous Payments (B+C+D+E) | |
| G. ITA Funding Request (A-F) | |

3rd Party Vendors

The section below must be completed if an additional voucher(s) is needed for a 3rd party vendor (a party other than the training provider listed above)

| Item | Vendor Name | Amount |
|---------------------------------------------------------------------------------------------------------|-------------|--------|
| Books | | |
| Uniforms | | |
| Expenses (supplies) | | |
| Tests | | |
| Other | | |
| I. Total Voucher Amount to 3rd party vendors (s) | | |
| J. Voucher Amount to Training Provider after deductions of 3rd Party vendors (Subtract G from I) | | |

ITA Application Signature Section

I attest that the information provided in Career Connect, on this Financial Statement and entered into Bright Horizons EdAssist Systems (BHES) is true and accurate. I understand that unless there is an exception there is an \$8,000 lifetime cap on the Individual Training Account funding that I am eligible to receive under the Workforce Innovation & Opportunity Act. I also understand that the ITA is available to me only one time unless there is an exception.

I understand that this voucher is for tuition and course related expenses and can be used only as specified and approved as a part of my Voucher for Training. I understand that I the eligible institution above may give course and financial information pertaining to my enrollment in BHES and my Career Coach.

I understand that my ITA voucher will not cover the cost of any training activities that I may participate in prior to the approval of my ITA voucher. It has been explained to me that starting this program prior to approval of the ITA voucher may result in the cancellation of my application and I may be responsible for all costs incurred for training services provided during such time. My Career Coach may sign on my behalf as previously authorized.

Customer Signature: _____

Date: _____