

TARA

Training Assessment Review Agency

***Training Provider Exploration Form***

**All customers applying for WIOA funding for training programs must meet with a school counselor to discuss the following information.**  ***(All customers must visit a minimum of two (2) training facilities.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return this form to the student’s Career Coach:** |  | ***at*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name |  | Last 4# SSN |  |
| School Contact Person |  | Title |  |
| Name of School |  |
| School Street Address |  | City |  |
| State |  | Zip Code |  | School Email |  |
| School Phone # |  | School Fax # |  |
| Registration Date |  | Class Start Date |  | Class End Date |  |
| Name of Program |  |  |  |
| Days of Week |  | Hours Per Day |  |
| Total Program Hours |  | Total Weeks |  |

**Description of Program**: ***(***Please attach or describe below along with your policies on **payment due dates and tuition refunds *i.e. brochure, print copy from website, or on your letterhead)***

|  |  |  |
| --- | --- | --- |
| **Program Costs*: Please address each item listed below.*** | **Amount** | **If books, fees or other expenses are payable to a third party vendor please indicate Please provide the vendor name and amount below** |
| Tuition cost | **$** |  | **$** |
| Books | **$** |  | **$** |
| Fees | **$** |  | **$** |
| Tests | **$** |  | **$** |
| Other expenses | **$** |  | **$** |
| **Total Program Cost** | **$** |  |  |
| Less scholarship or other contributions | **$** |  |
| Less financial aid | **$** |  |
| Customers balance | **$** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of School Representative:** |  | **Date:** |  |
| **Signature of Student:** |  | **Date:** |  |