

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:** |  |