



Financial Statement

| | | | | | | |
|---|---------------|--|---|---------------------------------|-----|----|
| 1 | Today's Date: | | 2 | Is this a revised/updated form? | Yes | No |
|---|---------------|--|---|---------------------------------|-----|----|

| Participant and Training Information | | |
|--------------------------------------|---------------------------------------|--|
| 3 | WIOA Customer Name | |
| 4 | WIOA Customer Career Connect State ID | |
| 5 | Career Coach Name | |
| 6 | WIOA Certified Training Provider | |
| 7 | WIOA Certified Training Program Name | |
| 8 | O*NET-SOC | |
| 9 | Registration Date | |
| 10 | Maximum Tuition and Fees | |

| Program Tuition and Fees Cost | | |
|-------------------------------|---|--|
| 11 | Total Program Cost (including books, expenses, and tests) | |
| 12 | Tuition cost | |
| 13 | Fees | |
| 14 | Amount Excluded From ITA Voucher: | |
| Additional Expenses | | |
| 15 | Books | |
| 16 | Tests | |
| 17 | Other expenses | |
| 18 | Total Additional Expenses: | |
| Non-WIOA Subsidies | | |
| 19 | State Funds Awarded applied towards tuition | |
| 20 | Federal Funds Awarded (Pell) | |
| 21 | Customer Contribution (including Private loans) | |
| 22 | School Contribution | |
| 23 | Total Subsidies and Previous Payments (19+20+21+22) - <i>must match amount on line 14</i> | |
| 24 | ITA FUNDING REQUEST: | |

| 3rd Party Vendors | | | | |
|---|------------------------------|----|----------------|--|
| Complete this section if an additional voucher is needed for a 3rd party vendor other than the training provider listed above | | | | |
| 25 | Name of Vendor | 28 | Books | |
| 26 | Billing Contact Name | 29 | Tests | |
| 27 | Billing Contact Email | 30 | Other expenses | |
| 31 | Voucher to 3rd Party: | | | |

ITA Application Signature Section

I attest that the information provided in Career Connect, in this Financial Statement and entered in the International Scholarship & Tuition Services (ISTS) is true and accurate. I understand that unless there is an exception there is an \$8,000 lifetime cap on the Individual Training Account tuition funding that I am eligible to receive under the Workforce Innovation and 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 for Training for tuition and course related fees can be used only as specified and approved as a part of my Voucher for Training. I understand that I am responsible for all charges for which I am not eligible, and which have not been approved in my Voucher for Training. I understand that the eligible institution above may give course and financial information pertaining to my enrollment to ISTS 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**.....