**Financial Award Analysis Form**

**Training Provider:**

|  |  |  |
| --- | --- | --- |
| Workforce Innovation and Opportunity Act (WIOA) Participant: | Last 4 digits of SS#: | Telephone #: |
| Training Start Date: | Estimated Training End Date: |
| Name(s)/Type(s) of Training: | No. of Semesters/Quarters: |
| Training Provider Contact Person: | Telephone #: | Fax #: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training and Education-Related Expenses****Cost of Attendance** | **Fund Assignments****(#1-4 Under****Funding Sources)** | **Costs Per Semester or Quarter** | **Number of Semesters or Quarters** | **Total Cost of Training Services** |
| Application/Registration |  |  |  |  |
| Tuition |  |  |  |  |
| Books/Supplies |  |  |  |  |
| Shop/Clinic/Lab Fees/Uniforms |  |  |  |  |
| Physicals |  |  |  |  |
| Licenses/Permits |  |  |  |  |
| Parking Fees |  |  |  |  |
| Student Activity Fees |  |  |  |  |
| Transportation |  |  |  |  |
| Child Care Cost |  |  |  |  |
| Other Required Cost (specify) |  |  |  |  |
| Other Required Cost (specify) |  |  |  |  |
| **Total Projected Cost of Training** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Available Funding Sources***(Documentation must be attached)* |  **Aid Per** **Semester or Quarter** | **Number of Semesters or Quarters** | **Total Available Resources** |
| **1. Federal Pell Grant** *(attach student aid* *report, etc.)* |  |  |  |
| **2. Scholarships/Grants/Other**  **Financial Aid** *(attach applicable award/denial letters)* |   |  |  |
| **3. Other Sources** *(specify)* |  |  |  |
| **4. Vocational Rehabilitation/Social Services** |  |  |  |
| **5. Total Non-WIOA Available Resources** |  |  |  |
| **6. Needed/Requested****WIOA Training Resources** |  |  |  |
| **7. Additional Resources Needed**  *(normally this should be a zero balance)* |  |  |  |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize and consent to the release and exchange of confidential information to the WIOA Service Provider and the Training Provider.**

Signatures:

 WIOA Participant Date WIOA Service Provider Date

 Training Provider Date [ ] *data contained herein was obtained from the training
 provider’s handbook or catalog*.