**Financial Award Analysis Form**

**Training Provider:**

|  |  |  |  |
| --- | --- | --- | --- |
| Workforce Innovation and Opportunity Act (WIOA) Participant: | State ID: | 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*.